27

LOCAL BOARD OF HEALTH

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HISTORY OF HEALTH UNITS

HISTORY OF HEALTH UNITS

Health Units have been an integral part of the health care delivery system of this Province for over 35 years. While the date of 1945 is often thought of as relating to the inception of health units in this Province, this was simply an important milestone in their evolution.

The pattern of local public health services administration for Ontario was established in 1833 when the Legislature of Upper Canada passed an Act allowing local municipalities "to establish Boards of Health to guard against the introduction of malignant, contagious and infectious disease in this Province". This delegation of public health responsibility to the local level, established 150 years ago has persisted to the present day.

In 1873, the first Public Health Act was passed and the establishment of a Provincial Board of Health occurred in 1882. The comprehensive 1884 Public Health Act prepared by that outstanding pioneer, Dr. Peter Bryce, bore much resemblance to the Public Health Act of England and, indeed, many sections remain in our present Act. The 1884 Act established the Medical Officer of Health and his relation to the Local Board of Health. Within two years after the passage of this Act, there were in operation 400 local Boards of Health. One of the earliest indications of successful action by local Boards of Health was the 1885 enforcement of the Vaccination Act which was successful in preventing the spread to Ontario of the very serious outbreak of smallpox that occurred in Quebec that year. The Public Health Act has been amended many times. One amendment of interest in the history of health units was the inclusion in the 1912 amendment of authority for the establishment of public health units on a county basis. No such units were established, although by that time, a number of the larger urban areas had appointed full-time public health staff including several full-time Medical Officers of Health.

In 1934 the first health unit was established in the four eastern counties of Stormont, Dundas, Glengarry and Prescott. This venture received a five-year grant from the Rockefeller Foundation. At that time Ontario had 800 local boards with 700 Medical Officers of Health serving these boards. Only a few of these Medical Officers of Health being full-time.

In 1945 an amendment to the Public Health Act provided for grants to local municipalities for the establishment of health units. The philosophy behind this amendment related to the success in full-time public health services carried out in the large urban areas and the wish to make such services available to rural and semi-rural parts of Ontario. Apparently the presentation made to the Legislature included the inference that provincial grants would be needed only for the short time necessary to prove to municipal councils the value of full time public health services to them and that the provincial grants would be reduced and eventually removed. While the health unit movement was related directly to county council, encouragement was given to include in the health unit any city or separated town within the geographical boundary of a county. The grants to these urban municipalities was set at a lower level and varied inversely with the size of the city or town. Staff of the Provincial Department of Health visited Municipal Councils to encourage them to consider the introduction of health units for their area. The programs which were to be introduced by health units were to be carried out by full-time staff or physicians, nurses and public health inspectors relating to the responsibilities of Boards of Health for school health services, general sanitation and communicable disease control. Health education was always mentioned as the prime responsibility of the Board and its staff. When the first unit opened its doors in November 1944 in Timmins, there were 880 Boards of Health in Ontario. The number of health units grew at a rapidly accelerating rate in the late 40's - six by the end of 1945; 25 by 1950. At that time these 25 health units, along with 12 urban municipal health departments providing full-time services comparable to the health unit - together these agencies served two-thirds of the population of the Province.

Over the next 15 years the number of health units expanded slowly. By 1965, there were 54 Boards of Health employing full-time staff serving 95% of the population, but there were still over 400 local Boards of Health employing 260 different part-time Medical Officers of Health serving the remaining 5% of the population.

In 1967, an amendment to the Public Health Act introduced two new concepts - one was the requirement for all organized municipalities to provide full-time public health services. The other was the introduction of District Health Units.

The District Health Unit concept was an important one which had been developed through the experience of 20 years and 50 local official health agencies, both health units and municipal health departments serving a great variety of populations with a great variety of programs. While a number of principles were considered in establishing District Health Units, the main one related to the optimum population required to adequately carry out full-time public health services.

More information on District Health Councils is included in the relevant section.

In the mid-sixties the concept of Boards of Health providing local services on behalf of the Province in specifically stated program areas was introduced. These programs being provincial programs are paid for at the 100% rather than the shared costing formula level. One of these, Home Care, is now in a rapid stage of expansion and may well exceed in financial terms the total budget of all other Board of Health services. Several of these provincial programs are being carried out by Boards of Health on behalf of other ministries, e.g. private sewage disposal systems for the Ministry of the Environment, infant stimulation programs for the Ministry of Community and Social Services.

As health unit programs have expanded during the past 35 years, so have budgets. In 1882 the total provincial budget for public health services was $4,000.00. In 1939, it was stated to have been $934,000.00. The approved budgets for health units in Ontario, 1980, was $93,000,000.00 excluding provincial programs.

Before leaving the history of Ontario's health units, reference must be made to the fact that these units and their programs are unique in a number of ways.

1. Few, if any jurisdictions in the world, have total coverage as we have in Ontario by public health services provided by full-time specially qualified staff. A few years ago it was possible to drive from New York to Los Angeles and never once drive through a municipality served by full-time public health services. This may be true at the present time.

2. Ontario is qualitatively and quantitatively in a very strong position regarding staff. Health units presently employ 51 full-time Medical Officers of Health and Associate Medical Officers of Health. These Medical Officers of Health are fully qualified; that is they have a licence to practice medicine in Ontario and, as well, post-graduate training in public health. Health Units employ 575 qualified public health inspectors. Health Units employ 2,300 registered nurses, over 2,000 of whom are qualified public health nurses.

3. Another unique feature of our health units is the breadth of program responsibility. In many jurisdictions a great variety of community health services are a responsibility of other agencies. In Ontario, health units are responsible for school health services. They are responsible for environmental public health. Twenty-eight of the 35 home care programs in Ontario are administered by Boards of Health.

4. Unlike most of the other provinces, public health in Ontario is administered by locally autonomous Boards of Health. Ontario health units stand alone in Canada in their shared funding arrangements with the provincial Ministry.

(c99hlth82128:23)

(from Association of Ontario Boards of Health "Orientation Guidelines for members of Local Boards of Health - July, 1982)

LOCAL BOARD OF HEALTH

1. Structure/Composition/Authority
2. Terms of Reference
3. Funding Mechanism

LOCAL BOARD OF HEALTH

STRUCTURE/COMPOSITION/AUTHORITY

STRUCTURE:

Section 13(1) (RSO 1970) of the Public Health Act states as follows:

> 13.-(1) There shall be a local board of health for every municipality in Ontario, except where a health unit is established under this Act. R.S.O. 1970, c. 377, s. 13 (1).

COMPOSITION:

Present Provincial legislation requires that the Local Board of Health consists of the Mayor and eight resident taxpayers, at least three of whom are not members of Council. The Mayor should designate a member of City Council as her/his representative on the Board, so that the nine-member Board would be made up as follows:

-3 members of City Council

-1 member of Toronto Board of Education

-1 member of Metropolitan Toronto Separate School Board

-1 nominee of Academy of Medicine

-3 citizens at large with special interest in community health

AUTHORITY - Section 13(3), RSO 1970 - Public Health Act.

> (3) In a city having a population of 100,000 or over according to the enumeration of the assessors for the last preceding year, or in a township situate within The Municipality of Metropolitan Toronto, the council may by by-law provide that the local board shall consist of the mayor and,

(a) six resident ratepayers, at least two of whom are not members of the council; or

(b) eight resident ratepayers, at least three of whom are not members of the council. 1974, c. 61, s. 4, part; 1975, c. 61, s. 3.

(4) The resident ratepayers referred to in clauses (a) and (b) of subsection 3 shall be appointed annually by the council at its first meeting in every year. R.S.O. 1970, c. 377, s. 13(4).

Appointment of Resident Ratepayers:

The appointment of resident ratepayers to the Local Board of Health is through the Nominating Committee procedure.

In order that appointments to Boards and Commissions reflect the diversity of people who live and work in Toronto, City Council, on September 10, 1981, (Executive Committee Report No. 15 - Clause 25) adopted a recommendation that a Nominating Committee of Council be appointed.

The Nominating Committee, consisting of five Aldermen, are responsible for reviewing written applications, short-listing and interviewing candidates and then forwarding recommendations to City Council of applicants to serve on the City's Boards, Commission's, and other special purpose bodies.

Advertisements for committee members are placed twice yearly in the City's three major daily newspapers and publications serving Toronto's ethnic communities.

(c99hlth82121:23)

LOCAL BOARD OF HEALTH

TERMS OF REFERENCE

Section 91 of the Procedural By-law of the City of Toronto states as follows:

> "91. It shall be the duty of the Local Board of Health to supervise the services performed by the Department of Public Health, including matters relating to licences for lodging houses, in addition to the duties set out in The Public Health Act, the Statutory By-law set out as Schedule B to the Act and the regulations passed pursuant to the Act."

Specifically, the Local Board of Health should:

- carry out the duties assigned to it under the Public Health Act;
- be responsible for citizen participation in development of Toronto´s preventive health care system;
- hear deputations;
- make recommendations to City Council and the Standing Committees on matters which require a health-related opinion;
- approve Departmental policy and programs for all matters related to public health services;
- act as the review committee of the Department of Public Health in relation to administrative matters, including budgets, information on accounts, amendments to establishment, and special work programs;
- serve on special committees for appointments of the Medical Officer of Health and senior management staff and, in conjunction with the City Executive Committee, make recommendations to City Council in this regard.

(c99hlth82122:23)

FUNDING MECHANISM - LOCAL BOARD OF HEALTH

Historical Development of Public Health Funding:

Prior to the institution of provincial grants in 1945, Boards of Health received their total funding from their parent councils, often on an ad-hoc emergency basis, using the authority under the Public Health Act of Section 20 "The treasurer of the municipality shall forthwith upon demand pay the amount of any account received as performed". With the provision of transfer payments from the Province, health unit boards received local funding from their county or municipal councils and such amounts were usually apportioned on a capitation basis, although a number of the early health units had a differential rate for the various municipalities within the unit. In the early years, regulations had not been passed with respect to the level of provincial support, nor was there a uniform system of budget submission.

From 1945-67 towns, villages and townships within a county received a 50% subsidy, cities varied from a low of 10% to a high of 33 1/3%. One township received 25% (East York). Municipal health departments with full-time public health services received no grants from the Province prior to 1968.

In 1967, the Ministry of Health offered 75% funding to local health boards in Metropolitan Toronto on the condition that all six would merge into a single health department. This offer was in keeping with the Ministry's policy to reduce the 580 local health boards in existence since World War II.

In May of 1979, the Minister of Health announced as one component of new program thrusts in public health, the principle that funding would be equalized for municipalities whether in health units or serving individual municipalities.

Local health boards amalgamating into district units immediately received 75% funding. In general, local units merging into county units moved from 25% to 50% funding in 1967/68. In 1979 this was increased to 60% and then in 1980 rural county health boards began receiving 75% funding.

The six Metropolitan Toronto health boards could not agree to the condition of amalgamation in 1967 and received only 25% funding at that time. This funding level continued until 1979 when the level was increased to 33 1/3%.

It is interesting to note the growth of provincial transfer payments. In 1960, the level of support for all health units was $600,000.00. In 1967-68 (the first year of District Health Units) the level was approximately 6.5 million. In 1972-73 the figure had risen to $23,000,000.000 which doubled to a level of 47.5 million in 1977-78. Approved budgets for 1980 included a provincial transfer payment of $57,000,000.00. In addition, 3.6 million dollars was provided to health units for the provincial program of family planning. Transfer payments for home care programs was in excess of $35,000,000.00 the bulk going to Boards of Health. It might be interesting to remember just two figures: that of $600,000.00 for 1960 and $57,000,000.00 for 1980 - an almost 100 fold increase in 20 years.

With the increase in transfer payments initiated in 1968, a rapid rise in provincial grants occasioned Management Board to direct the Ministry to control the level of expenditure. In 1969, the Ministry advised all Boards of Health that expenditure approved for provincial transfer payments would relate to salary levels. All professional staff members were equated to Provincial Civil Servants and a ceiling for transfer payments was initiated so that grants to health units would not be made when salaries paid health unit staff exceeded payment made to Civil Servants in comparable positions. This method of control was not acceptable to Boards (nor to staff - one result being the establishment of professional associations such as SMOHO, ANDSOOHA, etc.)

In 1971, this budget control mechanism was replaced by global budgeting and a closer attention to uniformity of application forms for budget submissions.

Over the past decade, the pattern of budget submission and approval has developed whereby Boards preparing their calendar year budget have commenced staff work during the summer; Boards normally looking at the initial draft of budget by October; the final Board of Health budget being sent to the Ministry usually by December, following receipt of Ministry indication of oncoming year's funding. Final approval of budgets including new programs have often been delayed because of late receipt of Board of Health submissions (B2 or new program items cannot be considered until needs for on-going activities are determined for all health units).

Present Status of Public Health Units:

There are currently 43 public health units in Ontario, of which 37 receive a 75% grant and 6 receive a 40% grant from the Ministry of Health for expenses on public health service programs approved by the Minister. The 6 units receiving the 40% grant are all in Metropolitan Toronto. They include the Cities of Toronto and North York and the Boroughs of York, East York, Scarborough and Etobicoke.

On February 5, 1982, the Minister of Health increased the Ministry's share of approved costs from 33 1/3% to 40% effective April 1, 1982.

(from Association of Ontario Boards of Health "Orientation Guidelines for members of Local Boards of Health - July, 1982")

(c99hlth82130:23)

LOCAL BOARD OF HEALTH - BOARD MEMBERS

-- Members - 1982.

-- Job Description and Responsibilities

-- Remuneration - By-law 783-80

-- Conduct at meetings (see Council Procedural By-law)

-- General Information

-- Errors and Omissions Insurance

LOCAL BOARD OF HEALTH

MEMBERS - 1982

ALDERMAN ANNE JOHNSTON (Chairman) Home: 484-1812
Aldermen's Offices, 2nd Floor Office: 366-7902
CITY HALL
Toronto, Ontario M5H 2N2

MRS. DAWN CURRIE (Vice-Chairman) Home: 656-1146
557 Perth Avenue
Toronto, Ontario M5N 2W6

Mr. BHOO P. AGARWAL Home: 968-2141
60 Pleasant Boulevard, Suite 2701 Office: 966-6141
Toronto, Ontario M4T 1K1

MS. EMGAR Z. CRAIGG Home: 466-1550
53 Earl Grey Road
Toronto, Ontario M4J 3L4

ALDERMAN TONY O'DONOHUE Home: 481-8255
Aldermen's Offices, 2nd Floor Office: 367-7912
City Hall
Toronto, Ontario M5H 2N2

ALDERMAN RON KANTER Home: 960-6052
Aldermen's Offices, 2nd Floor Office: 367-7912
City Hall
Toronto, Ontario M5H 2N2

DR. GEORGE WODEHOUSE Home: 978-2455
105 Whitehall Road
Toronto, Ontario M4W 2C8

MRS. PENNY MOSS Home: 531-5136
164 Borden Street
Toronto, Ontario M5S 2N3

MRS. MAUREEN FITZPATRICK Home: 481-1882
159 Melrose Avenue
Toronto, Ontario M5M 1Y8

LOCAL BOARD OF HEALTH

JOB DESCRIPTION - BOARD MEMBERS

A member of a Board of Health should:

- have a commitment to and understanding of the purpose, policies and programs of the health unit
- represent the health unit in the community
- acquire a clear understanding of the financial position of the health unit
- serve in a volunteer capacity, without regard for remuneration or profit
- be able to work and participate within a group.

Responsibilities of a Board Member:

- be an active and committed participant in the affairs of the health unit
- be involved at Board meetings, ask questions, discuss issues, participate in decision-making, react to ideas and exercise initiative
- be actively involved on at least one Board committee or task group
- know and maintain the lines of communication between the Board and staff
- be responsible for continuing self-education and growth; be familiar with local resources; be aware of changing community trends and needs; attend related community functions
- keep informed about the background of issues in order to discuss them responsibly
- be regular and punctual at all Board meetings; if unable to attend, give early notice to Board Secretary
- do homework and read relevant minutes before the meeting
- notify Board Secretary in advance if reporting at the next Board meeting to ensure proper item is placed on the agenda (a written report is often required)
- have a working knowledge of parliamentary procedure
- maintain Board business confidentiality.

No. 783-80. A BY-LAW

To fix the remuneration of certain appointed members of the Local Board of Health of the City of Toronto.

(Passed October 14, 1980.)

The Council of The Corporation of the City of Toronto enacts as follows:

1. For the period December 1, 1980 to November 30, 1981, the remuneration of the appointed members who are not members of City Council of the Local Board of Health, other than the Chairman and Vice-Chairman thereof, is hereby fixed at $3,833.00.

2. For the period December 1, 1981 to November 30, 1982, and for each such period thereafter the remuneration of the appointed members who are not members of City Council of the Local Board of Health, other than the Chairman and Vice-Chairman thereof, is hereby fixed at $4,178.00.

3. For the period December 1, 1980 to November 30, 1981, the remuneration of the Vice-Chairman of the Local Board of Health who is not a member of City Council is hereby fixed at $4,380.00.

4. For the period December 1, 1981 to November 30, 1982, and for each such period thereafter the remuneration of the Vice-Chairman of the Local Board of Health who is not a member of City Council is hereby fixed at $4,774.00.

5. For the period December 1, 1980 to November 30, 1981, the remuneration of the Chairman of the Local Board of Health who is not a member of City Council is hereby fixed at $7,587.00.

6. For the period December 1, 1981 to November 30, 1982, and for each such period thereafter the remuneration of the Chairman of the Local Board of Health who is not a member of City Council is hereby fixed at $8,270.00.

7. For the period December 1, 1980 to November 30, 1981, the remuneration of the Chairman of the Local Board of Health who is a member of City Council is hereby fixed at the sum of $534.00 and a further sum of $266.00 for expenses incident to the discharge of his duties as such.

8. For the period December 1, 1981 to November 30, 1982, and for each such period thereafter the remuneration of the Chairman of the Local Board of Health who is a member of City Council is hereby fixed at $534.00 and a further sum of $266.00 for expenses incident to the discharge of his duties as such.

9. By-law No. 68-79 being "A By-law To fix the remuneration of certain appointed members of the Local Board of Health of the City of Toronto.", as amended, is hereby repealed.

10. This by-law takes effect December 1, 1980.

JOHN SEWELL,
Mayor.

ROY V. HENDERSON,
City Clerk.

Council Chamber,
Toronto, October 14, 1980.
(L.S.)

LOCAL BOARD OF HEALTH

GENERAL INFORMATION FOR MEMBERS

1. Parking at City Hall:

   When entering the underground garage off Bay Street take the lane designated for official cars and the attendant in the "Glass House" will provide you with a number to be used for parking in the area designated for Board and Standing Committee members.

2. Typing Services:

   Members who do not have access to secretarial assistance should contract the Secretary, Local Board of Health (367-7025) who will arrange to have the typing done for material to be submitted for the Board agenda.

3. Local Board of Health Material:

   Material for the Local Board of Health agenda should be submitted to the Secretary, Local Board of Health, City Clerk´s Department, 2nd Floor (367-7025). Agenda material, minutes, and background material for Board meetings are available from either the Secretary or from Dr. Macpherson´s office from Edie Patte (367-7405), 7th Floor, East Tower.

(c99hlth82134:23)

ERRORS AND OMISSIONS INSURANCE

Most Local Boards of Health carry Errors and Omissions coverage for protection in the event they are responsible for a financial loss through an error or omission.

The Toronto Local Board of Health presently has errors and omission coverage. The Toronto Local Board of Health does not pay an annual premium for such coverage. The Department of Public Health shares in the overall cost of Group Liability Insurance and Self Insurance Trust Fund.

No claims have been made under this heading of insurance coverage over the past three years.

(c99hlth82126:23)

LOCAL BOARD OF HEALTH - MEETINGS

-- Schedule of Meetings - 1982

-- Rules of Procedure - 1982.

-- LBH AGENDAS AND MINUTES - Samples.

LOCAL BOARD OF HEALTH

SCHEDULE OF MEETINGS - 1982

On December 18, 1981, the Local Board of Health decided to meet every two weeks in 1982 at 9:30 a.m. in Committee Room No. 4, New City Hall, on the following Tuesdays:

January 5
January 19
February 2
February 16
March 2
March 16
March 30
April 13
April 27
May 11
May 25
June 8
June 22
July 20*
September 14
September 28
October 12
October 26
November 9
November 23

* On June 22, 1982, the Local Board of Health decided to meet on July 20, 1982.

(c99hlth82135:23)

LOCAL BOARD OF HEALTH

Rules of Procedure - 1982

1. All Communications to be considered by the Board to be in the hands of the Secretary by 4:00 o'clock p.m. on the Tuesday preceding the meeting.

2. Each deputation will be allowed a maximum of two speakers for a maximum of 10 minutes, but an Alderman or a member of the Board may introduce a deputation in addition to the speaker or speakers. Normally, a deputation will not be heard on an item unless there is a report from staff on the item.

3. The Board shall render its decision in each case immediately after deputations have been heard.

4. When a member finds it impossible to attend any meeting, the onus is upon the member to advise the Secretary prior to the holding of such meeting his or her wishes with respect to items on the Agenda or matters appearing thereon in which he or she is vitally interested.

5. By-law No. 33-67, as amended, a By-law to regulate proceedings of Council, shall govern the proceedings of the Local Board of Health. (copy attached)

6. The Chairman or Vice-Chairman, or their designate, shall report to the Board any other business pertinent to the Local Board of Health.

7. All motions shall be submitted in writing.

(Approved, Local Board of Health - January 5, 1982)

The Local Board of Health
City of Toronto

Chairman:
Alderman Anne Johnston
Aldermen's Office
City Hall, Toronto
M5H 2N2
367-7902

Secretary:
Roy V. Henderson,
City Clerk

Attention: **Harold A. Talbot**
City Clerk's Department
City Hall, Toronto
M5H 2N2
367-7025

February 23, 1982

NOTICE OF MEETING

LOCAL BOARD OF HEALTH

This is to advise that there will be a meeting of the Local Board of Health in Committee Room No. 4, City Hall, on

Tuesday, March 2, 1982

at 9:30 a.m.

Roy V. Henderson
Secretary,
Local Board of Health

LOCAL BOARD OF HEALTH

AGENDA

9:30 a.m.
Committee Room No. 4, City Hall — Tuesday, March 2, 1982

CONFIRMATION OF MINUTES OF MEETING HELD ON FEBRUARY 16, 1982.

DEPUTATIONS:

A. 10:00 a.m.

Extract from Minutes of the meeting held on January 5, 1982, regarding the regulation of use of alcohol, prohibition of liquor advertising, and raising of minimum drinking age (item on Reports Pending).

A.1 City Clerk forwarding Clause 31 of Executive Report No. 12 under the heading "Issuance of Liquor Licenses" adopted, as amended, by City Council on February 12 and 13, 1981.

A.2 Alderman Thomas forwarding an article by Alderman Gilbert re the foregoing matter.

Deferred from February 2, 1982, meeting.

- Representatives from Addiction Research Foundation to speak.
- Mr. William Temple to speak.

B. 10:30 a.m.

Medical Officer of Health (February 4, 1982) regarding the Conference on "The Medical Consequences of Nuclear Weapons and Nuclear War" held on December 5, 1981, and making recommendations on this matter.

(Deferred from February 16, 1982, meeting.)

B.1 Mr. Eric Fawcett, Professor of Physics and President of Science for Peace, (February 4, 1982) regarding the foregoing report.

DEPUTATIONS:

B.2 Milton Little, Operation Dismantle (February 11, 1982) respecting the foregoing matter.

B.3 Alderman Gilbert (February 12, 1982) regarding the foregoing matter.

B.4 Dr. Frank G. Somers, President, Physicians for Social Responsibility, (February 12, 1982) regarding the foregoing matter.

C. 11:00 a.m. Summary of Draft Report from Medical Officer of Health on "Our Chemical Society - Chemicals, Environment and Health".

(Members are requested to bring their copies of Draft Report on "Our Chemical Society" to the meeting).

C.1 Medical Officer of Health, Borough of Etobicoke (December 14, 1981) regarding the foregoing matter.

C.2 City Clerk, City of North York (January 4, 1982) regarding the foregoing matter.

C.3 Assistant Deputy Minister, Ontario Ministry of Labour (December 15, 1981) regarding the foregoing matter.

C.4 Minister of the Environment (January 15, 1982) regarding the foregoing matter.

C.5 Minister of Health (November 23, 1981) regarding the foregoing matter.

C.6 National Representative, Communications Workers of Canada (December 8, 1981) regarding the foregoing matter.

DEPUTATIONS:

C.7 Minister, Environment Canada (December 3, 1981) respecting the foregoing matter.

C.8 Maxwell Cohen, Q.C., 200 Rideau Terrace, Ottawa (December 4, 1981) regarding the foregoing matter.

C.9 J. E. Brydon, Director, Contaminants Control Branch, Environmental Impact Control Directorate, Environment Canada, (December 2, 1981) regarding the foregoing matter.

C.10 D. Etlin, M.D., F.R.C.P.(C), (November 26, 1981) regarding the foregoing matter.

C.11 Commissioner of Buildings and Inspections (November 26, 1981) regarding the foregoing matter.

C.12 Mr. Gerald Caplan, Ph.D., Unit Coordinator, Health Advocacy Unit (November 30, 1981) to the Chairman, Metropolitan Toronto Works Committee regarding the foregoing matter.

C.13 Barbara J. Blake, M.D., D.P.H., Director, Public Health Branch, Ministry of Health, (January 14, 1982) regarding the foregoing matter.

C.14 Barbara J. Blake, M.D., D.P.H., Director, Public Health Branch, Ministry of Health, (February 5, 1982) regarding the foregoing matter.

C.15 Barbara J. Blake, M.D., D.P.H., Director, Public Health Branch, Ministry of Health, (January 21, 1982) forwarding comments from the Ministry of Agriculture and Food - Dr. R. Frank.

C.16 Commissioner of Planning and Development (January 28, 1982) regarding the establishment of a Chemical Hazards Action Committee.

DEPUTATIONS:

C.17 Canadian Agricultural Chemicals Association (December 10, 1981) regarding the foregoing matter.

C.18 Article in Canadian Business, July 1981, by Ross Howard on "Chemical Warfare".

- Interested persons to speak regarding the foregoing matter.

ITEMS RECOMMENDED FOR RECEIPT BY CHAIRMAN:

1. Barbara J. Blake, M.D., Director, Public Health Branch, Ministry of Health (December 3, 1981) to the Medical Officer of Health respecting the Department's request for the Ministry's approval of certain 1981 enrichment costs.

2. Gerald H. Dafoe, Executive Director, Canadian Public Health Association (February 18, 1982) advising of the Association's consent to the Department of Public Health reprinting articles from the Association's journal.

3. Copy of report dated January 29, 1982, addressed to the Metropolitan Works Committee from the Metropolitan Commissioner of Works on "Water Supply".

4. Royal Commission on Matters of Health and Safety Arising from the Use of Asbestos in Ontario forwarding February 1982 NEWSLETTER.

5. Ontario Council on Community Health and Accreditation (February, 1982) forwarding OCCHA NEWS.

ITEMS FROM MEDICAL OFFICER OF HEALTH:

6. Medical Officer of Health (February 24, 1982) - Drinking Water and Public Health: A Brief to the NDP Environment Task Force.

7. Medical Officer of Health (February 24, 1982) - Nutrition Month - March, 1982.

8. Medical Officer of Health (February 24, 1982) - Public Health in the 1980's - Staff Education Seminars, March, 1982.

ITEMS FROM MEDICAL OFFICER OF HEALTH:

9. Medical Officer of Health (February 9, 1982) - Attendance at Fourth Annual Professional Development Conference for Educators and Health Professionals in the Family Planning and Sexuality Field, June 14-16, 1982.

10. Medical Officer of Health (February 23, 1982) - 1982 Program Non-Mandatory Program Change Statements, Department of Public Health.

COPIES OF STATEMENTS TO BOARD MEMBERS ONLY.

OTHER ITEMS:

11. Secretary, Executive Committee (February 17, 1982) forwarding recommendation from the Borough of East York respecting assistance to owners of homes which have been insulated with urea formaldehyde foam.

    (a) G. F. Caudwell, M.D., Manager, Ministry of Health, UFFI Testing Program (January 29, 1982) forwarding several informational bulletins on the Federal Assistance Program for Urea Formaldehyde Foam Insulation Homeowners.

12. R. de Burger, Chairman, Environmental Health Department, Ryerson Polytechnical Institute (February 17, 1982) requesting Board to support any requests from public health inspectors for leave to attend bachelor's degree program in Environmental Health.

13. Secretary, Local Board of Health, Borough of York (February 12, 1982) forwarding motion respecting Core Program - Phase I estimates.

14. The Royal Society for the Promotion of Health respecting 89th Health Congress in London, England, April 5-8, 1982.

(Deferred from February 16, 1982, meeting).

OTHER ITEMS:

15. A. D. McConnell, Secretary, Environmental Health - Ministry of the Environment Liaison Committee (February 15, 1982) forwarding minutes of the January 14, 1982, meeting of the Environmental Health-MOE Liaison Committee.

16. Senior District Officer - Metro Toronto, Industrial Abatement Section, Ministry of the Environment (February 9, 1982) forwarding the Ministry's update report on lead levels near Toronto lead plants, for the month of November, 1981.

LOCAL BOARD OF HEALTH

Tuesday, October 12, 1982.

The Local Board of Health met at 9:30 a.m. in Committee Room No. 4, City Hall.

Present:

Alderman Anne Johnston, Chairman
Alderman Tony O'Donohue
Mr. Bhoo P. Agarwal
Trustee Maureen Fitzpatrick
Trustee Penny Moss
Ms. Emgar Z. Craigg
Mrs. Dawn Currie
Dr. George Wodehouse

378. The Local Board of Health gave consideration to the matter of attendance of Aldermen members of the Board at Board of Health meetings.

On motion by Trustee Fitzpatrick, the Local Board of Health decided to request its Secretary to bring forward an Attendance Report for its meeting to be held on October 26, 1982.

379. The Local Board of Health had before it a report (October 5, 1982) from the Medical Officer of Health regarding Attendance at the Annual Meeting of the Amercian Public Health Association, November 14 - 18, 1982.

On motion by Mrs. Currie, the Local Board of Health recommends that the foregoing report be adopted and that its Chairman, Alderman Johnston, be also authorized to attend the above-mentioned meeting and that the necessary funds be provided.

(Executive Committee; c.c.: Medical Officer of Health - Encl. - October 12, 1982)

380. The Local Board of Health had before it a report (October 4, 1982) regarding Attendance at the Canadian Public Health Association 73rd Annual Conference held in Yellowknife, Northwest Territories, June 21-24, 1982.

On motion by Mr. Agarwal, the Local Board of Health received the foregoing report.

(Medical Officer of Health - Encl. - October 12, 1982)

381. The Local Board of Health had before it a report (October 4, 1982) from the Medical Officer of Health regarding Community Advisory Boards - Members.

Trustee Fitzpatrick pointed out that she is not a member of the Northern Health Area Community Advisory Board.

On motion by Trustee Fitzpatrick, the Local Board of Health received the foregoing report.

(Medical Officer of Health - Encl. - October 12, 1982)

382. At its meeting held on October 12, 1982, the Local Board of Health had before it a report (October 4, 1982) from the Medical Officer of Health regarding "Choices", A Conference for Disabled Teens.

Members of the Local Board of Health were requested to advise Dr. Wong if they wish to attend the luncheon in connection with the foregoing conference.

On motion by Mrs. Currie, the Local Board of Health received the foregoing report.

(Medical Officer of Health; c.c.: Members of the Local Board of Health; Dr. Wong - Encl. - October 12, 1982)

383. The Local Board of Health had before it a report (October 5, 1982) from the Medical Officer of Health addressed to City Council regarding Nuclear Disarmament - Excerpt from Canadian Public Health Association Health Digest.

The Local Board of Health also had before it Clause 31 of Report No. 43 of the City of Toronto Executive Committee entitled "Pamphlet - Public Health Consequences of Nuclear Weapons and Nuclear War" adopted, as amended, by City Council at its meeting held on September 23, 1982.

On motion by Mrs. Currie, the Local Board of Health received the foregoing report and Clause.

(Medical Officer of Health - Encls. - October 12, 1982)

384. The Local Board of Health had before it a report (October 4, 1982) from the Medical Officer of Health addressed to the Neighbourhoods Committee regarding the establishment and terms of reference for a "Special Committee for a Personal Care By-law".

On motion by Mr. Agarwal, the Local Board of Health received the foregoing report.

385. The Local Board of Health had before it Clause 18 of Report No. 41 of the City of Toronto Executive Committee entitled "Community Worker - Southeast Asian Refugees", as adopted by City Council at its meeting held on September 23, 1982.

The Local Board of Health also had before it a communication (September 30, 1982) regarding the foregoing matter.

On motion by Mrs. Currie, the Local Board of Health received the foregoing clause and communication.

386. The Local Board of Health had before it a communication (October 1, 1982) from the Metropolitan Toronto Clerk forwarding, for information, Clause 3 of Report No. 30 of the Metropolitan Executive Committee entitled "1982 Community Services Development Grants", as adopted by Metro Council at its meeting held on October 1, 1982.

On motion by Mr. Agarwal, the Local Board of Health received the foregoing communication.

387. The Local Board of Health had before it a communication (August 24, 1982) from the Honourable Larry Grossman, Minister of Health, addressed to the Medical Officer of Health, regarding public support of the Ministry's Family Planning Program.

On motion by Trustee Fitzpatrick, the Local Board of Health received the foregoing communication.

388. The Local Board of Health had before it the Minutes of the meeting of the Eastern Health Area held on September 13, 1982, and the agenda for the October 4, 1982, meeting.

On motion by Mrs. Currie, the Local Board of Health received the foregoing minutes and agenda.

389. The Local Board of Health had before it a communication (September 24, 1982) from Mr. D. Bartkiw, P. Eng., Senior District Officer, Metro Toronto Industrial Abatement Section, Ministry of the Environment, forwarding the Ministry's update report on lead levels near Toronto lead plants for the month of July, 1982.

On motion by Mrs. Currie, the Local Board of Health received the foregoing report.

390. The Local Board of Health had before it a communication (September, 1982) from Ms. E. Kent, Metro Toronto District Health Council forwarding summary notes of four community dialogue meetings regarding "A Community Support System for Health Care".

On motion by Trustee Moss, the Local Board of Health decided to forward a copy of the foregoing summary to all Community Advisory Boards for their information.

(Downtown Health Area, Community Advisory Board; Eastern Health Area, Community Advisory Board; Northern Health Area, Community Advisory Board; Western Health Area, Community Advisory Board - Encl. - October 12, 1982)

391. The Local Board of Health had before it a communication (September 1, 1982) from Michele Harding, Co-ordinator for the Ontario Health Coalition, regarding the public investigation of the Mental Health Care System in Ontario.

On motion by Mrs. Currie, the Local Board of Health decided to endorse the Commission of Inquiry's recommendation that:

> "A Royal Commission or other public inquiry with the power to subpoena evidence should be set up to investigate all aspects of the mental health care system in Ontario. It

should be instructed to produce a preliminary report within a reasonable period!"

(Mr. Michele Harding, Co-ordinator, Ontario Health Coalition c/o 15 Gervais Dr., Don Mills, Ontario M3C 1Y8; Mr. Sean O'Flynn, President Ontario Public Service Employees' Union 1901 Yonge Street, 8th Floor, Toronto, Ontario - Encl. - October 12, 1982)

392. The Local Board of Health had before it a communication (September 24, 1982) from Mr. Gerald Nason, Executive Director, Ontario Public Health Association, forwarding copies of the Scientific Program for the forthcoming Ontario Public Health Association Annual Conference.

On motion by Trustee Fitzpatrick, the Local Board of Health received the foregoing communication.

393. The Local Board of Health had before it a communication (October 5, 1982) from Ms. Charlotte Bonds, M.O.T.H.E.R.S.' Breastfeeding Coalition, addressed to Alderman Johnston regarding funds for the M.O.T.H.E.R.S.' Breastfeeding Coalition reception to be held on October 22, 1982, in the Member's Lounge, Council Chambers.

On motion by Mrs. Currie, the Local Board of Health decided to recommend that the Executive Committee be requested to provide funds in the amount of $990.00 from the Contingency Account for the foregoing reception.

(Executive Committee; c.c.: Medical Officer of Health; Ms. Charlotte Bonds, M.O.T.H.E.R.S.' Breastfeeding Coalition, Department of Public Health, City Hall - Encl. - October 12, 1982)

394. The Local Board of Health had before it a communication (October 5, 1982) from its Chairman, Alderman Johnston, regarding the Storage of Askarel (P.C.B.) - Filled Transformers in the Don Flood Plain Area.

On motion by Mr. Agarwal, the Local Board of Health decided to request the Medical Officer of Health and the Commissioner of Planning and Development to report, as soon as possible, on the foregoing matter.

(Medical Officer of Health; Commissioner of Planning and Development - Encl. - October 12, 1982)

395. The Local Board of Health had before it a communication (September 29, 1982) from Mr. Gerald Nason, Executive Director, Ontario Council on Community Health Accreditation, addressed to the Medical Officer of Health, regarding OCCHA'S recently updated official accreditation documents.

On motion by Mr. Agarwal, the Local Board of Health received the foregoing communication.

Tuesday, October 12, 1982.

The Local Board of Health adjourned at 9:55 a.m. for ten minutes.

The Local Board of Health reconvened at 10:05 a.m.

Present:

Alderman Anne Johnston, Chairman
Alderman Tony O'Donohue
Mr. Bhoo P. Agarwal
Trustee Maureen Fitzpatrick
Trustee Penny Moss
Ms. Emgar Z. Craigg
Mrs. Dawn Currie
Dr. George Wodehouse

396. The Local Board of Health had before it a report (October 8, 1982) from the Medical Officer of Health regarding the Feasibility Study Report of the Smoking Prevention Program.

The Local Board of Health decided to defer consideration of the foregoing report until its meeting to be held on October 26, 1982.

(Medical Officer of Health - October 13, 1982)

397. The Local Board of Health had before it a communication (October 4, 1982) from Mrs. Letha Whyte, Chairman, P.O.I.N.T. (People and Organizations in North Toronto) regarding home support services to the elderly in North Toronto and funding by the Ministry of Community and Social Services for the 1983-84 fiscal year.

The Local Board of Health decided to recommend that the Medical Officer of Health write to appropriate persons indicating the Board's great concern of the lack of funding for the foregoing Organization.

(Medical Officer of Health - Encl. - October 12, 1982)

398. The Local Board of Health had before it a report (September 30, 1982) from its Chairman, Alderman Johnston, addressed to City Executive Committee regarding Bill 138 - The Position of the Local Board of Health, City of Toronto.

The Local Board of Health also had before it a report (September 30, 1982) addressed to the Members of the Standing Committee on Social Development, Legislature of Ontario, regarding comments on telephone hotlines for Family Planning and STD Information.

The Local Board of Health also had before it comments of Rev. R. Durocher from the Ontario Separate School Trustee's Association regarding the foregoing matter.

On motion by Alderman Fitzpatrick, the Local Board of Health received the foregoing material.

The Local Board of Health also decided to express to the members of the Local Board of Health Sub-committee on Bill 138, its sincere appreciation for their outstanding efforts in bringing forward the above-mentioned report.

The Chairman requested the Secretary to obtain copies of the Hansard, Guidelines and draft regulations on Bill 138 for herself, the Medical Officer of Health, Ms. Marcia Moss and Ms. Pat Foran from the Secretary of the Provincial Committee.

Ms. Pat Foran, Deputy City Solicitor advised that she will be present at the Hearings when the City's recommended amendments to Bill 138 are considered.

(Dr. A.S. Macpherson, Medical Officer of Health; Ms. Marcia K. Moss, Special Services Assistant, Public Health Department; Mr. William D. Connery, Director, Food Control & Sanitation Division, Public Health Department; Miss Pat Foran, Assistant Deputy City Solicitor, Legal Department; Dr. Trevor Hancock, Preventive Clinical Services Manager and Associate Medical Officer of Health, Northern Health Area, 37 Spadina Road; Mr. Paul Woolner, Management Services Department; Ms. M. Mcphedran, Community Health Promotion and Advocacy, Public Health Department; c.c.: Community Advisory Boards - Encls. - October 12, 1982)

399. The Local Board of Health had before it a report (September 22, 1982) from the Chairman, Nominating Committee, regarding appointments to the Local Board of Health, containing the following recommendations:

Recommendation:

1. That Bhoo Agarwal, Emgar Craigg, and Dawn Currie be appointed as members of the Local Board of Health for a one-year term commencing December 1, 1982, and

2. That the remaining eligible candidates be advised of this decision, the reasons for it, and that their application may be considered in future.

The following motions were moved but not voted on:

Trustee Moss:

That recommendation 1 be amended to read as follows:

1. That Bhoo Agarwal, Emgar Craigg, and Dawn Currie be appointed as members of the Local Board of Health until such time as Bill 138 comes into force.

That a recommendation 3 be added, as follows:

3. That criteria for the selection of members be developed by each Board or Commission to be used by the Nominating Committee and that before each set of interviews this criteria be reviewed and updated by the appropriate Board or Commission.

Alderman O'Donohue:

That recommendation 1 be amended to read as follows:

1. That Bhoo Agarwal, Emgar Craigg, and Dawn Currie be appointed as members of the Local Board of Health for a one-year term

commencing December 1, 1982, unless otherwise required by the new Bill 138 when it comes into force.

On motion by Trustee Moss, the Local Board of Health decided to defer consideration of the foregoing matter, and the proposed motions, until its meeting to be held on November 23, 1982.

(Members of the Local Board of Health; c.c.: Medical Officer of Health - Encl. - October 12, 1982)

400. Mr. Agarwall requested the Medical Officer of Health to bring forward to the next meeting of the Board the requested report on tanning clinics (Minute 290 - June 22, 1982)

401. The Chairman advised that the "Obstacles Report" would be considered at the next meeting of the Board and requested the Secretary to send out copies to all Board members as soon as the report is received.

402. The Local Board of Health decided to cancel the November 9, 1982, meeting of the Board, in view of the fact that the Municipal Election will take place on November 8, 1982. The Chairman advised that, if necessary, she will call a meeting on another date around that period of time.

The Local Board of Health adjourned at 11:20 a.m.

Chairman

LOCAL BOARD OF HEALTH - EXTERNAL ORGANIZATIONAL RELATIONSHIPS

-- LOCAL BOARD OF HEALTH/MINISTRY OF HEALTH

-- LOCAL BOARD OF HEALTH/DISTRICT HEALTH COUNCIL (Metropolitan Toronto District Health Council)

-- LOCAL BOARD OF HEALTH/THE ASSOCIATION OF ONTARIO BOARDS OF HEALTH

-- LOCAL BOARD OF HEALTH/LIAISON COMMITTEE OF BOARDS OF HEALTH OF METROPOLITAN TORONTO

-- LOCAL BOARD OF HEALTH/MINISTRY OF THE ENVIRONMENT - PUBLIC HEALTH DEPARTMENT LIAISON COMMITTEE

-- LOCAL BOARD OF HEALTH/OTHER MINISTRIES

-- LOCAL BOARD OF HEALTH/COMMUNITY ADVISORY BOARDS

-- Membership List

MINISTRY OF HEALTH

The Ministry of Health is the provincial government department concerned with health units. It is charged with the responsibility of administering such legislation as The Health Protection Act, The Health Insurance Act, The Health Disciplines Act, and The Public Hospitals Act.

The role of the Ministry of Health in the organization and operation of health units is well established in The Health Protection Act, which defines its responsibilities in regard to such matters as changes in health unit by-laws, financing of public health, inspection, construction of facilities, etc. The Ministry is responsible for the largest annual budget in the government; to it, health units submit their annual operating budgets for approval and eventual financing at a prescribed rate. Capital expenditures, enrichment funds and B-2 funding too are approved and financed by the Ministry. Monthly operating statements provide Board Members with considerable pertinent information about the health unit's operation.

In short, the Ministry of Health pays the health units to provide approved services at an approved cost, the Ministry itself being answerable to the Management Board of the Cabinet.

A large staff of civil servants is employed, under the direction of the Deputy Minister of Health. Available on request is a booklet, presently under revision, entitled "Organization Structure of the Ontario Ministry of Health" which shows how the functions are organized into four major categories, each under an Assistant Deputy Minister. The category in which you will be most interested is that of "Community Health Services". It is responsible for the development of policies and programs which will ensure the effective delivery of care in the areas of public and personal health. It is also responsible for the coordination of health disciplines, development of District Health Councils, liaison with community planning agencies and the implementation of programs for preventing disease and disability.

Sometimes a change in government policy or the issue of a new Ministry directive will have far-reaching effects in health units, effects which a board may find unacceptable in the interests of its patients, staff or community. Board Members, have the right to question and, if necessary, to express disagreement.

(from Association of Ontario Boards of Health "Orientation Guidelines for members of Local Boards of Health - July, 1982")

(c99hlth82120:23)

DISTRICT HEALTH COUNCILS

HISTORY:

District health councils came about as an initiative of the provincial government, through the Ministry of Health. They are based on the Ministry's belief and experience that no one is better able to assess and co-ordinate the health care resources of the community than the people who live and work there. Councils are a means for local people within a systematic framework to examine available resources and needs and to provide advice to the Minister of Health on the health priorities of their communities.

District health councils are created under Section 9 of the 1972 Ministry of Health Act which states in part that cabinet or the Minister "may appoint Committees to perform such advisory functions as are considered necessary, or desirable in order to assist the Minister in the discharge of his duties."

The first district health council was formed in December, 1973, in Ottawa/Carleton. Councils have become an established part of the health system with a network of 25 serving more than 90% of the population by 1982. Ranging from a few square miles in area to many thousands, they include populations which vary from less than 100,000 persons to more than 2,000,000. In some cases, a single county forms a council. In others, several counties combine to do so. Where regional municipalities exist, district health councils have been formed with coterminous boundaries.

At any point in time, more than 1,500 persons in the province are actively engaged as volunteer members of district health councils or their committee structures. Through normal turnover, new volunteers and staff continue to become involved.

The fundamental challenge of the health care system now and in the foreseeable future is to provide the range of quality services needed, within the resources available. Ontario today is a complex society with a population that is slowly, but decidedly, becoming older. The only constant thing about such a society is change, and change in the health needs of citizens brings change in the health care system that serves them. Change not only takes place in the make-up of population shifts. Sophisticated new technologies to aid the sick and disabled continue to be developed and there is increased awareness of health services, increased accessibility and increased expectations on the part of the public.

The Ministry of Health has had to consider how best to examine the system and to find possible alternatives to improve its effectiveness.

Studies, conducted during the 1960's and early 1970's such as those of the Ontario Council of Health, had noted that some elements of the health system had developed in an uncoordinated fashion, resulting in some inbalance in services. These studies proposed a reorientation and decentralization. This was consistent with government policy in other important areas such as social services and education.

In response, the Ministry decided that it should concentrate on broad planning and overall management of the health care system and that local planning should be in the hands of a local body. The vehicle chosen was the district health council.

District health councils have gained local support and participation. Councils provide the means for various community interests, including consumers, health professionals and key leaders, to co-ordinate their planning. This enables the Ministry to work with integrated plans and recommendations instead of piecemeal submissions in making decisions. District health councils in helping to meet this basic challenge have become a significant partner in the health system.

ROLE AND FUNCTIONS:

In simplest terms a district health council is a local voluntary advisory body, concerned with planning and co-ordination, which is ultimately responsible to the Minister of Health.

Councils, by their nature and composition, are accountable to the district they serve. This obligation is met in the provision of timely advice to the Minister, advice which reflects community concerns.

Leadership in health planning at the community level is the primary function of district health councils. In representing a cross-section of the local community, district health councils are considered to be in the best position to assess local health care needs and resources and recommend priorities which reflect community values and preferences.

Planning issues are identified from three sources: the council and its infrastructure, the community-at-large, and the Ministry of Health. A council's projection of community health requirements is founded on its assessment of past experience and on its prediction of future changes which will affect health care. Planning is a complex task made more so by these unforeseen future events and cyclical updating is required as new developments affect earlier estimates. Planning involves more than interpreting data. Perception of needs varies with the weighting given and the various changes anticipated. It becomes, in the final analysis, a matter of the council's judgement.

In pursuit of their planning and co-ordinative objectives councils are called upon to develop a range of functional skills. Most important among these are needs identification, selection of issues, analysis of issues, development of proposals, review of community submissions, and advice giving.

TERMS OF REFERENCE:

Terms of reference for district health councils set out by the Ministry are as follows:

- To identify district health needs and consider alternative methods of meeting those needs that are consistent with provincial guidelines.
- To develop a health care plan which includes long term objectives and a clear indication of priorities.
- To co-ordinate all health planning activities for the district.
- To work toward co-operation in the social development activities for the district.

A council's advice has significant influence on the allocation of new resources by the Ministry, but is not empowered to allocate funds or manage health services programs. The mandate of district health councils gives them the independence to work out their own local solutions in their own way within the framework of provincial policy. It also imposes a responsibility to seek out the facts, determine the community's real needs, develop priorities and recommend a course of action.

STRUCTURE:

A variety of patterns in district health council structure has emerged to meet organization needs and provide flexibility for changes developed through experience. Nonetheless, all councils have a similar organizational basis. They are established by the Lieutenant Governor through Order-in-Council on the recommendation of a district steering committee of local representatives appointed by the Minister of Health. The council membership includes a mix of providers, consumers and local political representatives. Each member is a volunteer, whose name may have been suggested by an agency or group, but who serves on council independently of outside bodies. Finally, an area planning co-ordinator, a senior manager in the Ministry of Health, is appointed to serve as primary liaison between each council and the Ministry.

District health councils range in size from 15 to 24 members depending upon the population area served. The goal is to permit balanced representation and effective participation of council members across the spectrum of a council's activities.

To work effectively, councils need a supporting committee structure to assist them. There is no single blueprint for committee organization and it will vary from place to place. The structure created is influential in determining how its work will be carried out and care must be taken to see that it is designed to meet the objectives of the Council. However, district health councils are themselves the primary advisory body and they must approve any reports or recommendations before these are issued as a council position.

Unquestionably, the major resource of a district health council is its volunteer members and those other volunteers who serve on its committee structure. Provision is made for staff support through a secretariat and for provincial funds to pay operational expenses. In addition, special staff assistance is available through the Ministry of Health.

THE METROPOLITAN TORONTO DISTRICT HEALTH COUNCIL

The Metropolitan Toronto District Health Council (MTDHC) was created in September of 1980. The council consists of 24 members who are a mix of consumers, providers and local government representatives. Members are selected from all the cities and boroughs in Metropolitan Toronto and represent diverse professions and interests.

1. SECRETARIAT

The MTDHC currently has a secretariat of 12 (see attachment A) which provide administrative and professional support to the Council and its committees.

2. COMMITTEE STRUCTURE

The MTDHC has three operational committees and numerous task forces (see attachment B). These committees and task forces are involved in detailed studies of health issues.

The MTDHC has completed the following reports to date:

- A Planning Document on CAT Scanners in Metropolitan Toronto: December 1981: This report was largely concerned with the placement on operating criteria of CAT Scanners in Metropolitan Toronto. The report recommended the approval of 8 CAT scanners and the Ministry of Health has responded by approving 6 of these 8.

- End Stage Renal Disease in Metropolitan Toronto: February 1982: The report addressed the critical shortage of dialysis facilities in Metro hospitals and recommended a means of meeting the increasing demand, including an implementation plan. The Ministry of Health has not as yet responded to this report.

- Adult Community Mental Health Report: February 1982: Each year the Ministry of Health requests that District Health Councils review and priorize submissions for adult community mental health programs. This year was the first year that the MTDHC performed this task. Thirty submissions were ranked and the Ministry of Health approved funding for the District Health Council's top eight priorities.

- A Community Support System for Health Care: Discussion Paper, June 1982. This paper will be used for discussion at a series of community forums to discuss community support systems for health care, out of which a final report will be written.

3. AREAS OF STUDY

The MTDHC is currently studying the following areas:

Long Term Care:

A study of the needs of the elderly in Metropolitan Toronto including bed needs, placement and coordination services, home support services and the development of a strategy for the provision of these services.

Emergency Services:

A study of hospital emergency departments including booking out of service, categorization of emergency departments, paramedic ambulance services, inter-institutional patient transfer, evacuation procedures, civil nuclear radiation disaster plan, medical information transfer forms and the protocol for a physician to visit an accident site.

Trauma Centres:

The purpose of this study is to outline facilities necessary for trauma centres, to recommend the number and sites of trauma centres for Metropolitan Toronto and to determine the resources necessary to establish trauma centres.

Cardiovascular Surgery:

At the request of the Ministry of Health, this study is being conducted to determine the facilities required to meet current and projected future need for cardiac investigation and open heart surgery in Metropolitan Toronto and recommend the location and implementation of additional facilities.

Oncological Services:

A review of diagnostic, therapeutic and ancillary services presently available to oncology patients in acute care hospitals and cancer treatment centres, the relationship between acute care hospitals and cancer treatment centres (referral and treatment) and to determine and make recommendations on the facilities necessary to meet current and projected oncology treatment needs in Metropolitan Toronto.

Adult Community Mental Health Programs:

As the review and priorization of program submissions is annual, the MTDHC is gearing up for the 1983/84 reviews.

New and Expanded Programs and Capital Project Review:

The MTDHC contracted to the Hospital Council of Metropolitan Toronto during 1981 for a review of new and expanded programs and capital projects. It has been decided that in the future this review will be conducted by the DHC.

Hospital Laboratory Equipment Review:

The MTDHC is in the process of reviewing a contract with HCMT to conduct the review of laboratory equipment for the fiscal year 1982/83.

Master Program and Role Study Review:

During the coming year the MTDHC will become increasingly involved in the review of hospital master programs and role studies.

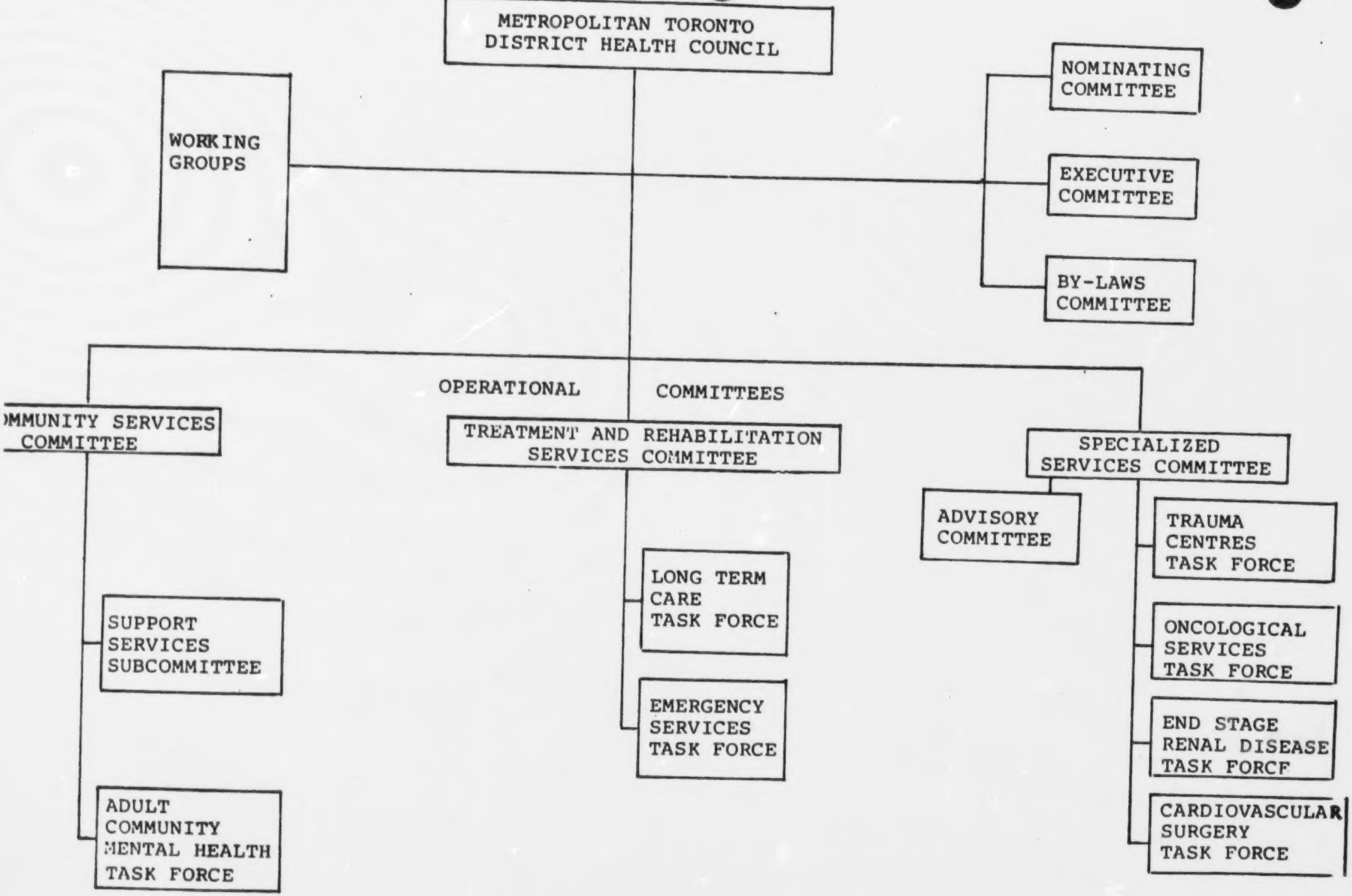
Nursing Home Beds:

The MTDHC is consulted regularly by the Ministry of Health for advice regarding the sales and expansions of nursing homes in Metropolitan Toronto.

4. PRIORITIES FOR 1982/83

The Metropolitan Toronto District Health Council has identified mental health, community health promotion, long term care and acute care as its priorities for the coming year and will be organizing to address these areas more effectively.

(c99hlth82119:23)


METROPOLITAN TORONTO DISTRICT HEALTH COUNCIL
WORKING GROUPS
NOMINATING COMMITTEE
EXECUTIVE COMMITTEE
BY-LAWS COMMITTEE
OPERATIONAL COMMITTEES
MMUNITY SERVICES COMMITTEE
SUPPORT SERVICES SUBCOMMITTEE
ADULT COMMUNITY MENTAL HEALTH TASK FORCE
TREATMENT AND REHABILITATION SERVICES COMMITTEE
LONG TERM CARE TASK FORCE
EMERGENCY SERVICES TASK FORCE
SPECIALIZED SERVICES COMMITTEE
ADVISORY COMMITTEE
TRAUMA CENTRES TASK FORCE
ONCOLOGICAL SERVICES TASK FORCE
END STAGE RENAL DISEASE TASK FORCF
CARDIOVASCULAR SURGERY TASK FORCE

THE ASSOCIATION OF ONTARIO

BOARDS OF HEALTH

Every board of health in this province is linked through its membership in the Association of Ontario Boards of Health - a duly incorporated, non-profit, voluntary organization established in the mid-1960's in order to provide a collective voice and a base for mutual assistance, representation, continuing education and information. The twelve members of its Board of Directors come from all parts of the province, half being elected each year for a two-year term.

Terms of Reference:

1. to strengthen the voice of local official health agencies in public health through a united approach to government and other health organizations;
2. to promote a formal liaison with officials in provincial government on behalf of member boards of health;
3. to participate in the development of a changing public health system in Ontario, particularly with regards to core programs and an accreditation system for health units/departments;
4. to provide leadership for, and develop harmonious relations among member boards of health;
5. to assist in studies and prepare briefs and submissions regarding proposed changes in legislation;
6. to investigate areas of economics that may be accomplished by boards of health through mutual cooperation;
7. to encourage board member participation in public health issues through provincial conferences, regional workshops and education seminars;
8. to serve as a clearinghouse for the interchange of health program information amongst individuals and agencies across the province;
9. to provide advice and up-to-date information on labour relations matters to member boards of health.

Association policies are established by its Board of Directors and implemented by a small staff in Toronto. They reflect the collective opinions and views in matters of importance to member Boards of Health in Ontario. The Association maintains a constant liaison with the Ontario Government, in particular with the Ministry of Health and other relevant ministries, and an ongoing liaison with the Society of Medical Officers of Health, the Ontario Association of Business Administrators/Secretary-Treasurers, and many other allied organizations like the Canadian and Ontario Public Health Associations. Its regular mailings provide current information on topics ranging from legislation and collective agreements, to budgeting, public relations and community programming. The "Bulletin" is the official bi-monthly publication of the Association, providing a more direct communication link with members. In addition, hundreds of health unit staff and members of local boards participate annually in such continuing education programs as board orientation seminars, labour relations workshops and the three-day convention of the Association.

Recently, the Association has made a firm move into the field of labour relations, to meet the increasing militancy and organizational efficiency of the unions of health unit personnel (O.N.A. and C.U.P.E.) and to preserve local health unit involvement in collective bargaining situations. A standing committee of the Board of Directors - the Labour Relations Committee - regularly monitors the provincial scene by means of salary and benefit surveys, reviews of local arbitration settlements, and the selective circulation of such information for use by local bargaining teams.

Through its elected officers and directors it provides a representative voice in all matters affecting the health units of this province. Above all, it exists to help achieve the major objectives of all our health units - a high standard of equally accessible public health services for the residents of Ontario.

Structure:

At the Annual General Meeting of the Association held in Windsor in May, 1977, a revised voting delegate structure was approved as follows:

- Boards serving a population of less than 100,000 - fee $250 - 3 delegates;
- Boards serving a population of 100 to 200,000 - fee $300 - 4 delegates;

- Boards serving a population of 200 to 300,000 - fee $350 - 5 delegates;
- Boards serving a population of 300 to 400,000 - fee $400 - 6 delegates;
- Boards serving a population of 400 to 700,000 - fee $500 - 7 delegates.

(c99hlth82123:23)

LIAISON COMMITTEE OF BOARDS OF HEALTH
OF METROPOLITAN TORONTO

On May 15, 1975, at a joint meeting of Local Boards of Health, Municipalities of Metropolitan Toronto, the following motions were adopted, establishing a Liaison Committee of Boards of Health of Metropolitan Toronto.

Establishment:

> "That an Association of Metro Local Boards of Health be formed for the purpose of providing a forum for mutual concerns."

Structure:

> "That a committee consisting of the Chairman and one other representative from each Local Board of Health meet regularly as an Executive Committee of the Association of Local Boards of Health to decide what direction they wish to take."

Meeting Schedule:

> "That the Liaison Committee of Boards of Health of Metropolitan Toronto meet five times per year, with the proviso that meetings can be held at the call of the chair."
>
> (Adopted by the Liaison Committee of Boards of Health of Metropolitan Toronto on June 2, 1977).

Terms of Reference:

At the present time, the original terms of reference, namely "the exchange of information", is being reconsidered by the Liaison Committee and suggestions have been made for clarification of the terms of reference as follows:

1. Exchanging Information.
2. Lobbying on issues where there is or has been unanimous support from the Metropolitan Boards of Health.
3. Lobbying where there is support from four out of six of the Metro Boroughs, so long as it is clearly indicated.

The Toronto Local Board of Health, at its meeting held on April 28, 1981, approved the foregoing terms of reference.

(c99hlth82133:23)

MINISTRY OF THE ENVIRONMENT - PUBLIC HEALTH DEPARTMENT

LIAISON COMMITTEE

Establishment and Terms of Reference:

Minute No. 150, as follows, from the Local Board of Health meeting of May 11, 1976, established a Liaison Committee between the Ministry of the Environment and the Board:

150. The Local Board of Health had before it a communication (April 13, 1976) from Mr. P. G. Cockburn, Director, Central Region, Ontario Ministry of the Environment, regarding the formation of a Liaison Committee between the Central Region of the Ministry of the Environment and the Board in order to maintain close co-ordination on many matters of mutual concern, such as water and sewage, solid waste, and the abatement of industrial air and water pollution and suggesting that meetings of the Liaison Committee be held on a quarter-annual basis and that a formal agenda be prepared in advance of each meeting.

On motion by Alderman Heap, the Local Board of Health approved the formation of a Liaison Committee and appointed Alderman Dan Heap; Mr. David Pinkus (Vice-Chairman of the Board); and the Medical Officer of Health, Dr. G.W.O. Moss, and/or his delegate(s) as the Board's representatives on the Committee.

The Local Board of Health also agreed to accept the offer of the Ministry to provide secretarial assistance to the Committee.

The Local Board of Health also indicated its preference in having the meetings of the Liaison Committee held at City Hall, the bookings of the Committee Rooms to be done through the auspices of the Board's Secretary.

The Local Board of Health further advised the Ministry that it would appreciate if a copy of all the Committee's agendas and minutes is filed with the Secretary of the Board for future reference purposes.

Present Composition:

Representatives:

- -Local Board of Health (2)
- -Food Control and Sanitation Division
- -Health Advocacy Unit
- -Medical Officer of Health, ex officio
- -Chairman, Neighbourhoods Committee, or delegate
- -Ministry of the Environment Representatives
- -Ministry of Labour Representation

Secretary of the Committee:

Mr. A. McConnell,
Ministry of the Environment,
Suite 700,
150 Ferrand Drive,
Don Mills, Ontario.
M3C 3C3
Telephone: 424-3000

(c99hlth82132:23)

EXTERNAL ORGANIZATIONAL RELATIONSHIPS:

Other Ministries:

There are four additional ministries indirectly involved in health unit matters.

The Ministry of Community and Social Services provides financial support for selective health programs and services, operated through a health unit, for children and adults in financial need.

The Ministry of the Environment is concerned with the establishment of environmental safeguards and the management of water and waste.

The Ministry of Intergovernmental Affairs provides a full range of advisory services to improve local government effectiveness and the administration of transfer payments to municipalities.

The Ministry of Labour is engaged in promoting a sound labour relations climate in the province.

(c99hlth82139:23)

COMMUNITY ADVISORY BOARDS

To achieve the need for greater citizen involvement in the functioning of the Department and the Local Board of Health, the establishment of Community Advisory Boards, for each local area, as recommended in the report "Public Health in the 1980's" was approved by City Council on December 18, 1978.

On April 13, 1982, the Local Board of Health approved the following document regarding the function, composition, organization and authority of Community Advisory Boards to meet the diverse needs of each Health Area.

Area Community Advisory Board

Function:

To advise the Area Management Team for their respective Area on health policies, priorities and programs related to the delivery of services in the Health Area. Such advice must be consistent with Department of Public Health policies, priorities and procedures. Specifically, the responsibilities of the Area Community Advisory Board will be to:

- develop a process which encourages resident participation in public health issues and ensures that community needs are expressed and communicated to the Area Management Team;
- participate in planning goals and objectives for the Health Area as they relate to identified community health needs;
- participate in the identification of community health needs and the ongoing review and evaluation of programs and services as they relate to identified community health needs;
- participate in planning and implementation of new programs based on identified community needs.

In addition, the Area Community Advisory Board will advise the Local Board of Health on public health matters related to the Health Area. Specifically, the Area Community Advisory Board will make recommendations concerning matters of policy, priorities and programs which are specific to the Health Area.

Composition: The composition of each Area Community Advisory Board must be tailored to the specific Area needs. Area managers recommend a minimum of six and a maximum of ten Community Advisory Board members per Area.

Rationale: Each Health Area has a different number of wards and elected representatives, different population size and different ethnic mixes.

Organization: Nomination and election procedures - In order to ensure equal representation from each section of the Health Area, alternate methods should be devised for nomination and election.

Alternate 1:

For the first 1-2 years Community Advisory Boards be appointed while community outreach is being developed. This allows time for democratic process to be developed for the election of members.

Alternate 2:

Each Alderman name a representative to the Community Advisory Board. Consideration also be given for trustee′s nomination. This would be an interim measure.

Alternate 3:

Large community meetings would be held for interpretation of Community Advisory Board′s function and purpose, and elections would be held for membership.

Terms of Office: The term of office for the Area Community Advisory Board will be initially for one year; thereafter a two-year staggered system for term of office should be developed. A three-year maximum term may be served by an individual member.

Vacancy: Where a vacancy occurs on the Area Community Advisory Board a replacement will be made as soon as possible through an appointment by the Area Community Advisory Board for the remainder of the one-year term. Vacancy should be filled in a method that would reflect the mosaic and representation of the specific needs of an Area.

Secretary: Secretarial services will be provided to the Area Community Advisory Board by the Support Services Section of the Health Area. The secretary will be responsible for providing all the support services related to the secretariat and work under the administrative direction of the Business Manager in the Health Area. Minutes are to be kept of all meetings and kept on file where they are accessible to the staff and community.

Representation to the Local Board of Health: The Chairman or designate will be welcome to attend the Local Board of Health meetings to serve as spokesperson for the Area Community Advisory Board.

Meetings: Each Area Community Advisory Board will establish its own meeting schedule and method of publication of such meetings.

Quorum: A quorum will consist of a majority of the members.

Reporting Relationship to the Local Board of Health: Direct.

Authority: The Area Community Advisory Board has the authority to participate in the Health Area planning process and to advise the Health Area management team and the Local Board of Health on matters of policy, priorities and programs.

The legal authority of the City Executive Committee and the Local Board of Health cannot be delegated under existing legislation, therefore, the Area Community Advisory Board will not be involved in areas of personnel and finance. They must operate within the Public Health Act, the Collective Agreements, and the City budget guidelines allocated for the Health Area. Members of the Area Community Advisory Board will normally serve on the review boards for the selection of senior Area management staff.

(Approved - Local Board of Health Report No. 7 - Clause 3 - April 13, 1982)

(c99hlth82125:23)

COMMUNITY ADVISORY BOARDS - MEMBERS

DOWNTOWN HEALTH AREA COMMUNITY ADVISORY BOARD

Ms. Josephine Ciordas 57 Cecil Street Toronto, Ontario M5T 1N5	Residence - 977-4194
Ms. Millie Greenfield 16 Portneuf Court Toronto, Ontario M5A 4E4	Residence - 363-2121 Business - 924-1164
Ms. Mary Heiberg 19 Belshaw Place Toronto, Ontario M5A 3H6	Residence - 493-9028 Business - 364-2261
Ms. Flora Hesson 390 Wellesley Street East Owl House Lane #13 Toronto, Ontario M4X 1H6	Residence - 968-3614
Mr. Sing Hum 1826 Bathurst Street Toronto, Ontario M5P 3K7	Residence - 789-1594
Ms. Berdina Johnston 135 Rose Avenue, Apt. #402 Toronto, Ontario M4X 1P1	Residence - 921-7128 Business - 924-0671 Loc. 268/269
Ms. Rhonda Love 118 Spruce Street Toronto, Ontario M5A 2J5	Residence - 922-8780 Business - 978-8606
Ms. Winnie Ng Immigrant Women's Centre 348 College Street Toronto, Ontario M5T 1S4	Residence - 962-8454 Business - 924-7860
Ms. Penny Patterson 330 Sumach Street, #58 Toronto, Ontario M5A 3K7	Residence - 923-0912
Mr. David Pinkus (Chairman) 34 Nassau Street Toronto, Ontario M5T 1M2	Residence - 593-9956

EASTERN HEALTH AREA
COMMUNITY ADVISORY BOARD

Ms. Anne Babcock 187 Beech Avenue Toronto, Ontario M4E 3H8	Residence - 690-8597 Business - 461-1168
Mr. Sam Cipollone 760 Coxwell Avenue Toronto, Ontario M4C 3C4	Residence - 465-8324
Ms. Sheila Cram 49 Endean Avenue Toronto, Ontario M4M 1W5	Residence - 461-8644 Business - 461-2493
Ms. Elaine Gerszon 340 Waverley Road Toronto, Ontario M4L 3T6	Residence - 691-1328 Business - 465-1616
Ms. Alice Jillings 124 Hiawatha Road Toronto, Ontario M5L 2X9	Residence - 469-4307 Business - 591-2523/ 3151
Mr. Dennis Long (Chairman) 74 Wineva Avenue Toronto, Ontario M4E 2T2	Residence - 690-7956 Business - 751-0955
Mr. Martin Sarra 29 Hollywood Crescent Toronto, Ontario M4L 2K4	Residence - 463-2862
Ms. Dorothy Thomas Aldermen's Offices 2nd Floor, City Hall	Business - 367-7901
Ms. Pat Thompson (Secretary) 42 Long Crescent Toronto, Ontario M4E 1N6	Residence - 699-9307

NORTHERN HEALTH AREA
COMMUNITY ADVISORY BOARD

Ms. Pat Bannan
26 Joicey Blvd.
Toronto, Ontario
M5M 2S7
Residence - 486-6230

Ms. Penny Bethke
1515 Davenport Road
Apt. #7
Toronto, Ontario
M6H 2H9
Residence - 535-7588
Business - 977-8152

Mr. Peter Caddick
39 Hocken Avenue
Toronto, Ontario
M5G 2K1
Residence - 654-1392

Ms. Sandra Caputo
155 Emerson Avenue
Toronto, Ontario
M6H 3T4
Residence - 532-4563

Ms. Betty Clarke
432 Brunswick Avenue
Toronto, Ontario
M5R 2Z4
Residence - 920-0076
Business - 596-4338

Ms. Breeda McClew
280 Heath Street East
Toronto, Ontario
M4T 1T4
Residence - 488-1445

Ms. Nancy McMurrich
237 Rosedale Heights Drive
Toronto, Ontario
M4T 1C7
Residence - 485-8269

Mrs. Ethel Myers
404 Glenayr Road
Toronto, Ontario
M5P 3C7
Residence - 485-4244

Ms. Eileen Simmons
231 Glenview Avenue
Toronto, Ontario
M4R 1R4
Residence - 482-9790

Ms. Magdalene Winterhoff
271 Benson Avenue
Toronto, Ontario
M6G 2J9
Residence - 656-6957

WESTERN HEALTH AREA
COMMUNITY ADVISORY BOARD

Mr. Albert Bernadine 323 Rusholme Road Apt. #902 Toronto, Ontario M6H 2L2	Residence - 533-8851 Business - 844-3273
Dr. Tomas Ferreira 844 Bathurst Street Toronto, Ontario M5R 3G1	Residence - 751-3934 Business - 531-6380
Ms. Susan Gac 30 Pearson Avenue Toronto, Ontario M6R 1G1	Residence - 537-9643
Ms. Frances Labell 23 Macauley Avenue Toronto, Ontario M6P 3P6	Residence - 533-8716 Business - 592-2750
Mr. Rosario Marchese 293 Delaware Avenue Toronto, Ontario M6H 2T6	Residence - 536-2878 Business - 653-4492
Mr. Mort Mates 142 Close Avenue Toronto, Ontario M6K 2V5	Residence - 531-4055 Business - 535-8501 ext. 129
Mr. Tomas Rendon 125 Jameson Avenue Apt. #107 Toronto, Ontario M6K 2X3	Residence - 533-6170
Ms. Susan Shaw 61 Cowan Avenue Toronto, Ontario M6K 2N1	Residence - 533-1566 Business - 531-2411
Mr. Terry Wedge c/o Alderman Boytchuk's Office Aldermen's Offices 2nd Floor, City Hall	Business - 367-7907

DEPARTMENT OF PUBLIC HEALTH

-- HISTORY - Department of Public Health

-- DEPARTMENTAL STRUCTURE (chart)

-- MEDICAL OFFICER OF HEALTH - responsibilities

-- LOCATION OF SENIOR DEPARTMENTAL MANAGERS

-- Health Area Boundaries

THE DEPARTMENT OF PUBLIC HEALTH

DEPARTMENTAL STRUCTURE

The Local Board of Health, on November 28, 1978, and City Council, on December 18, 1978, adopted the recommendations contained in the report "Public Health in the 1980's", which among other things, proposed an organizational restructuring of the Public Health Department. It was to set the stage for a new brand of public health based on strategies involving community participation, research, advocacy, and long-term planning.

It was felt that most of the service goals could best be served through the creation of a decentralized structure, one in which certain overall functions and specialized consultancy services would be provided centrally, but most service functions would be provided on a decentralized team basis.

The organizational objectives to be achieved included:

1. Encouragement of individual initiative.

2. Team Organization of service delivery.

3. Redistribution of authority to improve responsiveness within the Department.

4. Elimination of internal conflict of authority and inadequate role definition.

5. Improvement in accountability and responsiveness to the community.

6. Avoidance of duplication, unnecessary paperwork, and redundant bureaucracy. It concluded that a decentralized structure would most efficiently facilitate the attainment of these objectives. However, decentralization is seen only as a means to an end and a non-decentralized structure for any particular service should be equally acceptable if it serves to achieve the stated objectives.

The following framework indicates the breakdown of functions:

Centralized Functions:

1.2 The Department have some functions operating on a centralized basis including: advocacy, public education, data collection and analysis, communication, long-term planning, predictive capacity, special program expertise, personnel coordination and administration. This central core group would set basic standards and procedures for evaluation and quality control throughout the Department.

1.3 The central core group would have a consultancy rather than a line relationship to local areas to allow for a two-way rather than a hierachical flow.

1.4 Priority setting, closely tied to a first-rate data base, be jointly set by the Local Board of Health and Departmental personnel.

Decentralized Functions:

1.5 The Department operate service delivery on a decentralized basis, except where it can be demonstrated to the satisfaction of both the Department and the Board that the organizational objectives are best achieved through the retention of a non-decentralized structure.

1.6 Four separate administrative areas be established - East, West, Central, and North, to correspond with area boundaries used by other City services.

1.7 Each area have an Associate Medical Officer of Health.

1.8 The present district offices should gradually be integrated into the proposed area structure.

1.9 Management, both centrally and at the administrative area level, be on a team basis, with responsibility vested in a chairman selected by and from among the team members. The Medical Officer of Health and Associate Medical Officer of Health would each be legally accountable for the activities within their jurisdiction. The chairmanship may be on a rotating basis, but clear administrative responsibility must be established in all cases. The management team to define how and by whom programs should be delivered to meet the unique needs of the community being served.

1.10 Service delivery teams could be organized in any number of ways. Some teams could be physically located in one of the four area offices. In addition, neighbourhood teams could be located in site offices within the communities they serve, in schools, community centres, storefronts, etc. Some programs could be delivered City-wide by one team. One staff member could be part of several teams within an area. Great flexibility is inherent in the decentralized team model.

1.11 Area coordinating committees be established involving two or more areas to deal with issues or resolve problems common to more than one area. It is recognized that certain elements of program delivery will be uniform throughout the City: mosquito control, immunization, etc.

DEPARTMENT OF PUBLIC HEALTH

MEDICAL OFFICER OF HEALTH

The Medical Officer of Health is designated as the executive officer of the Board of Health under the Public Health Act. He is responsible for promotion and protection of the health of the public, for keeping the Board informed on health subjects, for implementing policies and directives of the Board, and for effective management of the health unit or health department activities.

Responsibilities:

1. To analyse community health problems.
2. To identify needs for health protection services and gaps in such services in consultation with the senior health unit or health department staff.
3. To review programs and services outlined by the Provincial Department of Health and consider means of local implementation.
4. To recommend health protection objectives, programs, services, and priorities to the Board.
5. To plan and implement programs and services as approved by the Board, in collaboration with members of the senior staff.
6. To attend all meetings of the Board and those of its committees and submit regular and special reports as required.
7. To recommend to the Board all staff requirements, appointments, suspensions, and releases in accordance with personnel policies.
8. To ensure sound fiscal management and effective budgetary control.
9. To evaluate periodically the effectiveness, efficiency, and economical delivery of health unit or health department services.
10. To collaborate with the senior staff, as an advisory and co-ordinating committee in all matters affecting health unit or health department operations by regular meetings of the committee.

11. To define in writing duties and responsibilities of Associate Medical Officers of Health and of program directors.

12. To keep himself/herself informed on new developments in health protection services and management philosophy by attendance at education functions.

13. To plan for and promote the continuing education and professional development of staff members.

14. To develop good internal staff relationships.

15. To promote the co-ordination of community health services by developing close personal working relationships with the medical and allied professions, hospitals, and voluntary health agencies.

16. To stimulate and support the development of community health planning councils and to be a member of such councils.

17. To promote good public relations for the health unit or health department by speaking to appropriate groups and by personal contacts.

(from Association of Ontario Boards of Health "Orientation Guidelines for members of Local Boards of Health - July, 1982")
(c99hlth82129:23)

DEPARTMENT OF PUBLIC HEALTH

LOCATION OF SENIOR MANAGERS

OFFICE OF THE MEDICAL OFFICER OF HEALTH
7th Floor, East Tower, City Hall - 367-7401

Medical Officer of Health	Dr. A. S. Macpherson
Administration Coordinator	Mr. E. K. Tennant
Executive Assistant	Ms. M. K. Moss
Public Policy Advisor	Dr. G. Caplan

CENTRAL RESOURCES
6th, 7th and 8th floors, East Tower, City Hall - 367-7458

Community Health Information Coordinator	to be appointed
Community Health Protection Coordinator	Mr. R. Boehnke (8th floor)
Community Health Promotion and Advocacy Coordinator	Dr. W. Shannon (7th floor)
Community Disease Prevention Coordinator	Ms. E. Parker (6th floor)

DOWNTOWN HEALTH AREA
6th floor, East Tower, City Hall - 367-7461

Business Manager	Mr. S. Baxter
Environmental Health and Inspection Services Manager	Mr. W. D. Connery
Personal Health Services Manager	Ms. B. Davidson
Preventive Clinical Services Manager and Associate Medical Officer of Health	to be appointed

EASTERN HEALTH AREA
815 Danforth Avenue - 469-1837

Business Manager	Ms. S. Garson
Environmental Health and Inspection Services Manager	Mr. E. Whiteside
Personal Health Services Manager	Ms. D. Biesenthal
Preventive Clinical Services Manager and Associate Medical Officer of Health (as of October 4, 1982)	Dr. E. Ellis

NORTHERN HEALTH AREA
37 Spadina Road - 961-8459

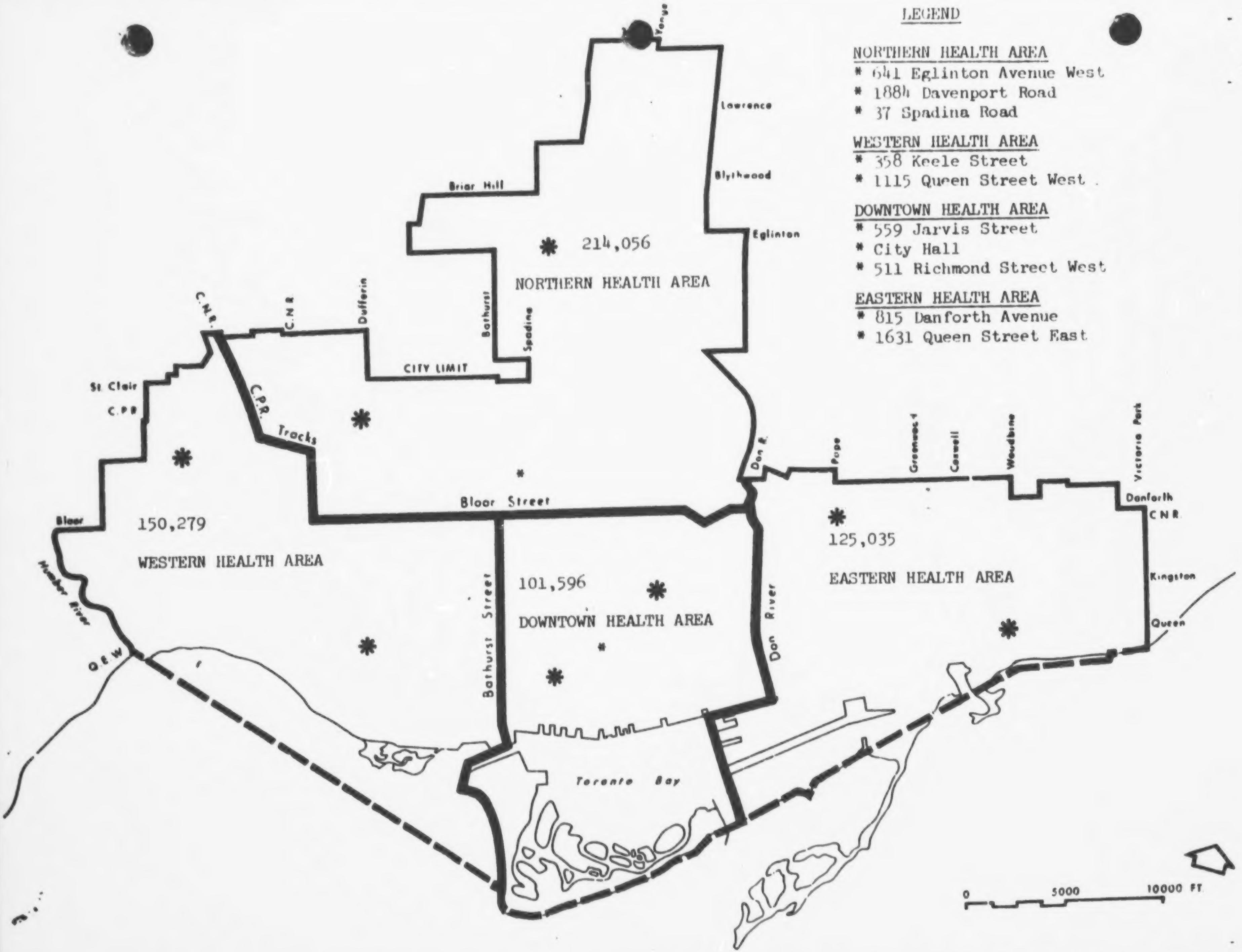
Business Manager	Mr. R. Donaldson
Environmental Health and Inspection Services Manager	Mr. F. Ruf
Personal Health Services Manager	Ms. F. Perkins
Preventive Clinical Services Manager and Associate Medical Officer of Health	Dr. T. Hancock

WESTERN HEALTH AREA
2340 Dundas Street West - 534-7571

Business Manager	Mr. R. Beers
Environmental Health and Inspection Services Manager	Mr. J. Flaherty
Personal Health Services Manager	Ms. J. Shea
Preventive Clinical Services Manager and Associate Medical Officer of Health	Dr. O. M. Rampersaud

(July 14, 1982)

(c99hlth82136:23)


LEGEND
NORTHERN HEALTH AREA
* 641 Eglinton Avenue West
* 1884 Davenport Road
* 37 Spadina Road
WESTERN HEALTH AREA
* 358 Keele Street
* 1115 Queen Street West
DOWNTOWN HEALTH AREA
* 559 Jarvis Street
* City Hall
* 511 Richmond Street West
EASTERN HEALTH AREA
* 815 Danforth Avenue
* 1631 Queen Street East
Yonge
Lawrence
Blythwood
Eglinton
Briar Hill
214,056
NORTHERN HEALTH AREA
C.N.R.
C.N.R
Dufferin
Bathurst
Spadina
CITY LIMIT
St. Clair
C.P.R.
C.P.R. Tracks
Bloor Street
Bloor
150,279
WESTERN HEALTH AREA
Humber River
Q.E.W.
Bathurst Street
101,596
DOWNTOWN HEALTH AREA
Don River
Don R.
Toronto Bay
Pope
Greenwood
Coxwell
Woodbine
Victoria Park
Danforth
C.N.R.
Kingston
Queen
125,035
EASTERN HEALTH AREA
0
5000
10000 FT.

General

1. City of Toronto - Ward Boundaries

2. City of Toronto - Members of Council - 1982
   - Standing Committees of Council

3. Organizational Chart - City Council - Local Board of Health
   - Department of Public Health

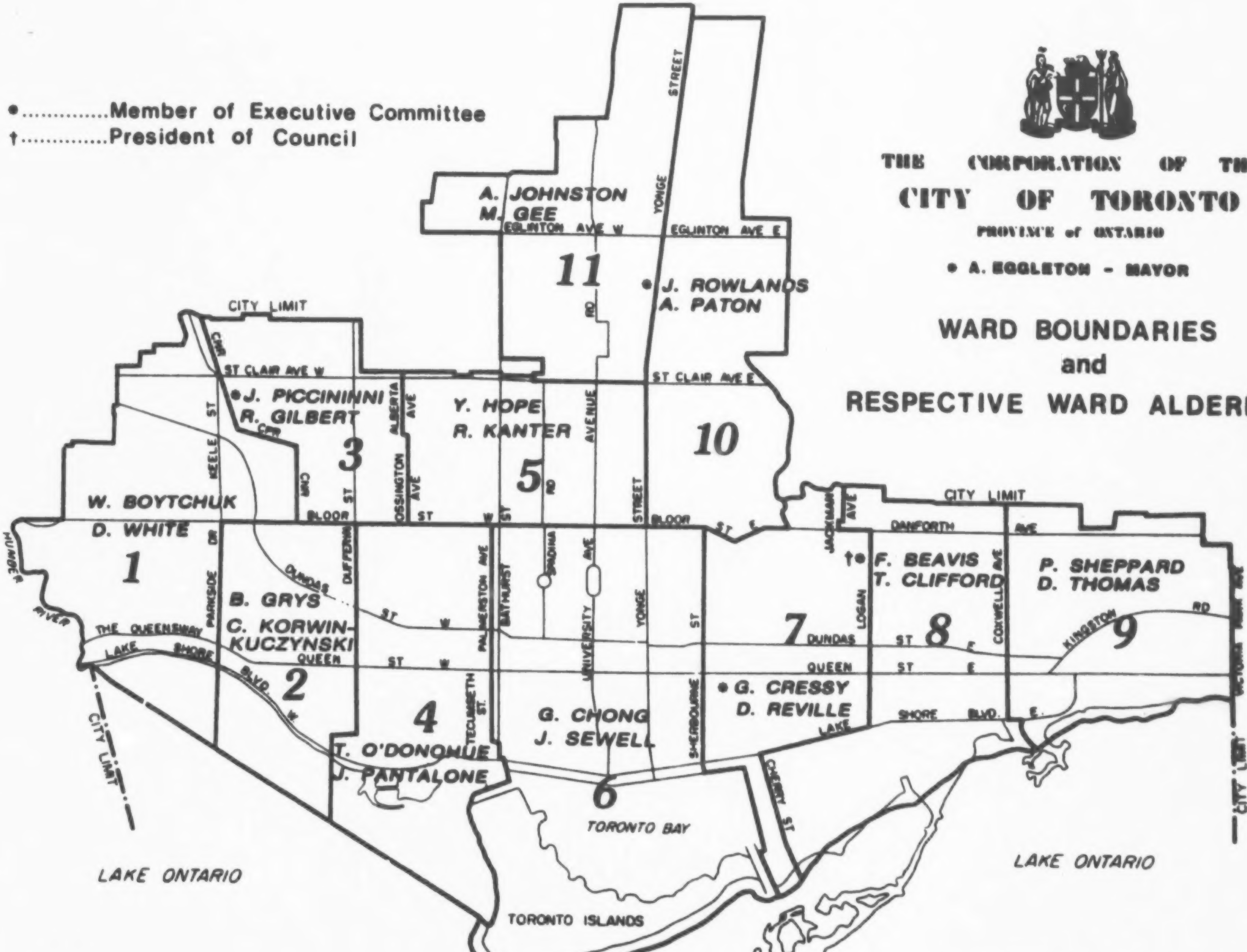
4. References

●..............Member of Executive Committee
†..............President of Council

THE CORPORATION OF THE
CITY OF TORONTO
PROVINCE of ONTARIO

● A. EGGLETON - MAYOR

WARD BOUNDARIES
and
RESPECTIVE WARD ALDERMEN



R.M. BREMNER P.Eng. F.I.C.E. Commissioner
DEPARTMENT OF PUBLIC WORKS
December 1980
Amended Oct 1981

CORPORATION OF THE CITY OF TORONTO
MEMBERS OF COUNCIL — 1982

Ward	NAME	Addresses (including Postal Districts) and Telephone Numbers First Business, Second Residence		
	MAYOR			
	*ART EGGLETON	Mayor's Office, City Hall	M5H 2N2	367-7001
Ward	**ALDERMEN**			
1	WILLIAM BOYTCHUK	**Aldermen's Office 15 Tynevale Drive, Weston	M5H 2N2 M9R 2B3	367-7907 244-6873
1	DAVID WHITE	**Aldermen's Office 173 Indian Road Crescent	M5H 2N2 M6P 2G5	367-7903 762-4820
2	BEN GRYS	**Aldermen's Office 23 Ravensbourne Cres., Islington	M5H 2N2 M9A 2A9	367-7905 239-6628
2	CHRIS KORWIN-KUCZYNSKI	**Aldermen's Office 1064 St. Clarens Avenue	M5H 2N2 M6H 3X7	367-7919 656-4004
3	*JOSEPH J. PICCININNI	**Executive Office, City Hall 130 Roxborough Street West	M5H 2N2 M5R 1V1	367-7011 922-9694
3	RICHARD GILBERT	**Aldermen's Office 15 Borden Street	M5H 2N2 M5S 2M8	367-7908 923-6834
4	TONY O'DONOHUE	**Aldermen's Office 743 Avenue Road	M5H 2N2 M5P 2J9	367-7917 481-8255
4	JOE PANTALONE	**Aldermen's Office 271 Beatrice Street	M5H 2N2 M6G 3E9	367-7910 537-7804
5	YING HOPE	**Aldermen's Office 88 Wells Hill Avenue	M5H 2N2 M5R 3A8	367-7909 532-1960
5	RON KANTER	**Aldermen's Office 474 Brunswick Avenue	M5H 2N2 M5R 2Z5	367-7912 960-6052
6	*DR. GORDON CHONG	**Executive Office, City Hall 170 St. George St., Ste. 517	M5H 2N2 M5R 2M8	367-7017 920-8489
6	JOHN SEWELL	**Aldermen's Office	M5H 2N2	367-7911
7	GORDON CRESSY	**Aldermen's Office 80 West Avenue, Apt. 2	M5H 2N2 M4M 2L8	367-7914 465-0821
7	DAVID REVILLE	**Aldermen's Office 71 Millbrook Crescent	M5H 2N2 M4K 1H5	367-7916 469-3149
8	*FREDERICK J. BEAVIS	**Executive Office, City Hall 1041 Logan Avenue	M5H 2N2 M4K 3G2	367-7013 422-1966
8	TOM CLIFFORD	**Aldermen's Office 305 Pape Avenue	M5H 2N2 M4M 2W6	367-7904 465-0824
9	PAT SHEPPARD	**Aldermen's Office 71 Kingswood Road	M5H 2N2 M4E 3N4	367-7915 691-8894
9	DOROTHY THOMAS	**Aldermen's Office 50 Wineva Avenue	M5H 2N2 M4E 2T2	367-7901 690-8229
10	*JUNE ROWLANDS	**Executive Office, City Hall 408 Sumach Street	M5H 2N2 M4X 1V5	367-7015 925-0765
10	ANDREW PATON	**Aldermen's Office 65 Stibbard Avenue	M5H 2N2 M4P 2B9	367-7906 489-1009
11	ANNE JOHNSTON	**Aldermen's Office 7 Cortleigh Boulevard	M5H 2N2 M4R 1K5	367-7902 484-1812
11	MICHAEL GEE	**Aldermen's Office 500 Duplex Avenue, Ste. 1501	M5H 2N2 M4R 1V6	367-7918 488-0864

* *Member of the Executive Committee*

** *Preferred Mailing Address*

CITY COUNCIL — Meets on Thursday morning at 10:00 a.m.:
January 15, 28; February 11, 25; March 11; April 1, 22; May 6, 20;
June 3, 17; July 8, August 12; September 9, 23; October 7.

EXECUTIVE COMMITTEE — Meets at 9:30 a.m.:
January 6, 15, 20, 29; February 3, 12, 17, 26; March 3, 12, 17, 31; April 14, 23, 28
May 7, 12, 21, 26; June 4, 9, 23; July 9, 28, August 13; September 1, 10, 15, 24, 29;
October 8, 13, 27; November 17.

STANDING COMMITTEES OF CITY COUNCIL

His Worship the Mayor is ex officio a member of all Committees

Land Use Committee

Meets on Monday morning at 10:00 a.m.
(week of Council Meeting)

Alderman Gee (Chairman)
" Beavis
" Boytchuk
" Chong
" Grys
" Hope
" O'Donohue
" Paton
" Piccininni
" Reville
" Thomas

City Services Committee

Meets on Wednesday morning at 10:00 a.m.
(week of Council Meeting)

Alderman Thomas (Chairman)
" Clifford
" Gilbert
" Johnston
" Kanter
" Korwin-Kuczynski
" Pantalone
" Reville
" Rowlands
" Sewell
" White

Neighbourhoods Committee

Meets on Tuesday morning at 10:00 a.m.
(week of Council Meeting)

Alderman White (Chairman)
" Clifford
" Cressy
" Gee
" Gilbert
" Kanter
" Korwin-Kuczynski
" Pantalone
" Paton
" Sewell
" Sheppard

Local Board of Health

Meets once every two weeks on a Tuesday at 9:30 a.m.:
January 5, 19; February 2, 16; March 2, 16, 30; April 13, 27; May 11, 25;
June 8, 22; September 14, 28; October 12, 26; November 9, 23.

Alderman Anne Johnston (Chairman)
Mrs. Dawn Currie (Vice-Chairman)
Alderman Ron Kanter (Mayor's Representative)

Alderman Tony O'Donohue

Mrs. Penny Moss
164 Borden Street
Toronto, Ontario M5S 2N3

Mr. Bhoo P. Agarwal
60 Pleasant Blvd., Suite 2701
Toronto, Ontario M4T 1K1

Dr. George Wodehouse
105 Whitehall Road
Toronto, Ontario M4W 2C8

Mrs. Dawn Currie
557 Perth Avenue
Toronto, Ontario M5N 2W6

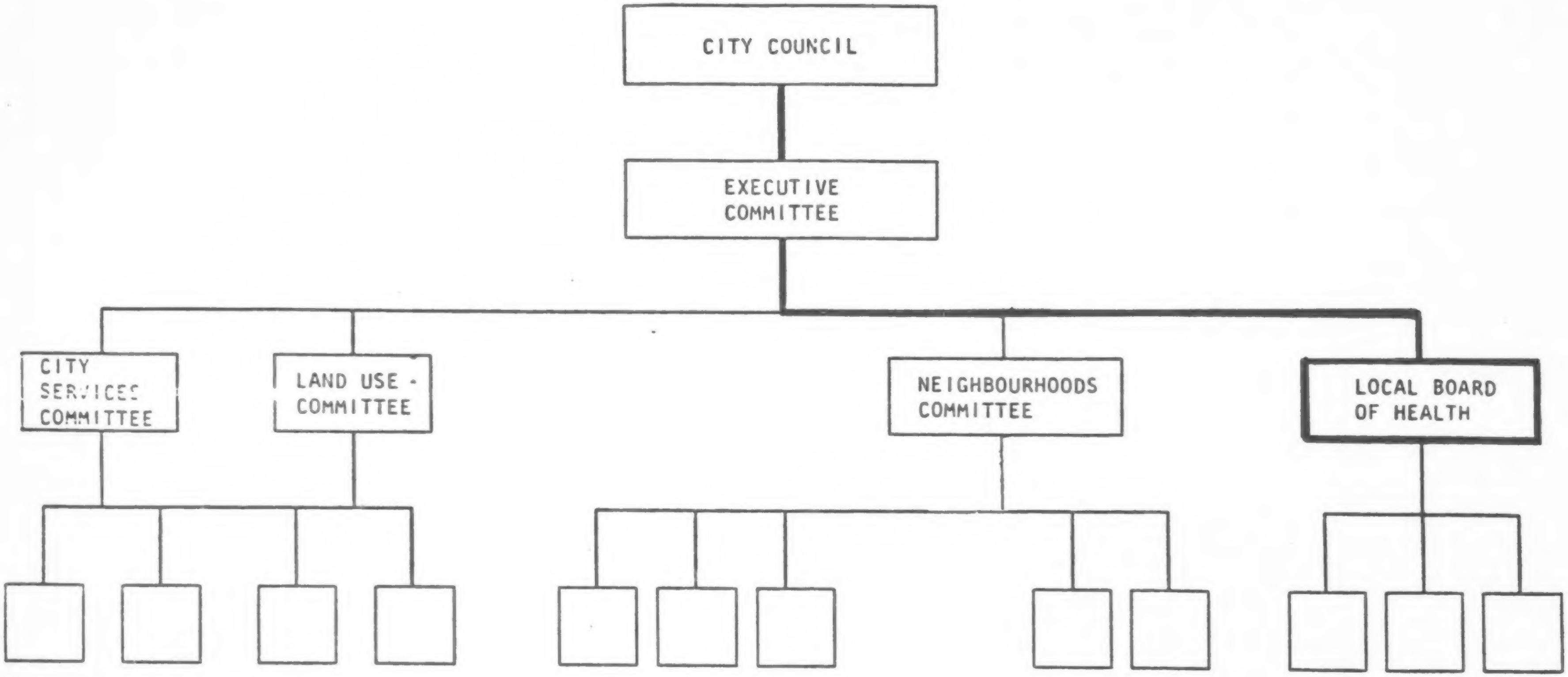
Ms. Emgar Z. Craigg
53 Earl Grey Road
Toronto, Ontario M4J 3L4

Mrs. Maureen Fitzpatrick
159 Melrose Avenue
Toronto, Ontario M5M 1Y8

Secretaries of City Council, Executive and Standing Committees, Local Board of Health and Special Committees at the Department of the City Clerk.

ROY V. HENDERSON, City Clerk
City Hall, Toronto M5H 2N2
367-7020

CITY HALL POLITICAL STRUCTURE



REFERENCES

1. Public Health in the 1980's - Report of the Health Planning Steering Committee, Local Board of Health.
2. Evaluation Task Force Report for the Eastern Health Area - Reorganization, City of Toronto.
3. The Public Health Act, R.S.O., 1970.
4. By-law No. 33-67 - To regulate the proceedings of Council.
5. Association of Ontario Boards of Health, Orientation Guidelines for Members of Local Boards of Health, revised July, 1982.
6. Metropolitan Toronto District Health Council, Orientation Package, July, 1982.
7. City of Toronto, Department of Public Health, Annual Statement, 1980.
8. Bill 138, An Act respecting the Protection of the Health of the Public.

(c99hlth82140:23)

THE BOARD OF EDUCATION FOR THE CITY OF TORONTO
155 College Street, Toronto, M5T 1P6, Canada, 598-4931

INTERNATIONAL YEAR OF MOBILIZATION FOR SANCTIONS AGAINST SOUTH AFRICA 1982

CITY CLERK'S
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Nov 1 9 45 AM 82

October 29, 1982

28

Roy V. Henderson
Secretary
Local Board of Health
City of Toronto
City Clerk's Department
City Hall
Toronto, Ontario
M5H 2N2

Dear Mr. Henderson:

At its meeting on Thursday, October 21, 1982, the Toronto Board of Education asked me to respond to your letter, dated September 14, 1982, concerning a communication from Jack Martin, Associate Professor and Director of Graduate Programs, Faculty of Education, Simon Fraser University. Mr. Martin requested information about the Board's action with respect to Resolutions 5 and 6 adopted by City Council on April 1, 1982.

As the attached copy of the Board Minutes from its meeting on November 5, 1981 indicates, the Toronto Board of Education has adopted a favourable stance in relation to teaching about the peaceful resolution of conflict and the promotion of student activities during World Peace and Disarmament Week this Fall.

The informal group convened by Trustee Fiona Nelson has worked with parents, students and teachers in the secondary schools, and representatives from the various peace and nuclear disarmament groups in Toronto to develop an awareness in our school communities of the critical issues of peace and disarmament.

A series of events for students and teachers in the secondary schools as well as parents has been planned and organized by this group around the theme **Thinking and Deciding in the Nuclear Age.**

The Board of Education has sent teachers to Boston, Mass., to attend a four-day workshop on the Brookline Curriculum: Thinking and Deciding in the Nuclear Age. It has sponsored a series of conferences for students on **What Can I Do?**, October 26, and **Where Do We Go From Here?** on November 4, 1982. A conference for parents **Bringing Up Children Under The Threat of Nuclear War** took place on October 26. Students and teachers have organized school-based events during Disarmament Week.

....../2

Edward N. McKeown, Director of Education/Ronald W. Halford, Associate Director of Education – Operations
Donald G. Rutledge, Associate Director of Education – Program/Charles W. Taylor, Superintendent of Curriculum and Program
Helen I. Sissons, Superintendent of Personnel/Michael J. Rose, Comptroller of Buildings and Plant/David S. Paton, Comptroller of Finance

A two-day workshop for secondary school teachers has been organized for November 4 and 5 on **Decision Making in a Nuclear Age.** These sessions will be conducted by the Brookline team and the Social Studies Department will arrange for materials for those teachers who will wish to field test the Brookline Curriculum. This Department has obtained a Kindergarten to Grade 13 curriculum from Educators for Social Responsibility based in Massachusetts. Teachers wishing to field test this material have been able to obtain copies from the Social Studies Department.

It is our hope that these activities will lead to further curriculum development and heightened awareness about the critical issue of peace and disarmament on the part of all the Board's constituencies.

Yours sincerely,

Ronald Wm. Halford.

for Director of Education

ENM:JH
Att.

(b) Interpret and clearly define accepted norms of behaviour for both staff and students (Sec. 22, Education Act);
(c) Designate specific sanctions for violation of the accepted norms;
(d) Receive input from interested parties on the above matters.

2. Committee Reports

Your Committee considered and concurred in the recommendations of the following Committee Reports:

Report No. 5 of the French Programs Committee
Report No. 6 of the Continuing Education Committee
Report No. 3 of the Multiculturalism Committee.

3. Report No. 6 of the Alternative and Community Programs Committee

Your Committee considered the above-noted report and concurred in its recommendations. However, with respect to Section 1(a)(iii) regarding draft policy for the administration of secondary schools, it has been impossible to have the report prepared for the October 26 meeting of the School Programs Committee, therefore if possible the draft policy report will be provided at the November 5 Board meeting.

4. World Peace and Disarmament Week-1982

Your Committee recommends:

(a) That the Toronto Board of Education endorse the idea of an informal group to:

(i) examine the existing resources and approaches to the study of peace and the peaceful resolution of conflict; and,

*(ii) compile a report on available and needed curriculum materials, teaching strategies related to the above, and information on defense spending world-wide; and,

***Amended by Board – see Page 868**

(iii) create a speaker's list on the above topics for use in the schools during World Peace and Disarmament Week in 1981; and,

(b) That the above study group which will be convened by Trustee Nelson will not, at this time, require the assignment of either administrative or secretarial assistance.

DENISE GOSNELL
Chairman of Committee

• • • •

THINKING AND DECIDING IN A NUCLEAR AGE

Conference on Disarmament for Toronto Board Secondary Schools
Tuesday, October 26, 1982
8:30 a.m. – 3:00 p.m.
at
The Ontario Institute for Studies in Education

PROGRAM

A.M. 8:00 – 8:45 Resource People and Moderators pick up kits, 2nd floor lounge.
All participants pick up kits, front foyer.

9:00 **OPENING SESSION** Auditorium

Introductions and Welcome – Maria Louladakis

Welcome from Toronto Board of Education – Dr. Ouida Wright, Assistant Superintendent, Curriculum and Program

OPENING REMARKS – Canadian Ambassador for Disarmament

Student Perspective – Mark Young

Resource People: Who's Who – Alison Lee, Conference Co-ordinator

Plans for the Day – Arlene Breithaupt, Co-ordinator, Social Studies Department

9:45 – 10:30 **MINI PLENARY SESSIONS** (coffee and juice en route)
Go to the session of your topic assignment
Check your kit then see below

A:	Nuclear Arms and the Human Mind	2-211
B:	Sources of Energy: Nuclear or . . .?	2-213
C:	Science, Technology and our Environment	2-214
D:	Armaments and the World Economy	3-311
E:	The Changing Meaning of Security	3-313
F:	The Peace Movement	2nd Floor lounge

10:30 – 12:00 **DISCUSSION GROUPS**
Rooms as assigned in your kit

P.M. 12:00 – 1:30 **LUNCH**
Films will be shown in the Auditorium at this time.

Resource People and Moderators – lunch will be served in 2-214
Beverage sales table – 2nd floor lounge

1:00 – 2:00 **INTRODUCTORY ADDRESS** – Patrick Watson, Writer, Broadcaster
PANEL Questions from the floor Auditorium

*Moderator – Ted Gordon, Assistant Superintendent, Curriculum and Program, Toronto Board of Education

Patricia Alcock – Canadian Peace Research Institute

Reverend Clifford Elliott – Bloor Street United Church

Dr. Larry Hagan – Strategic Analyst, Department of Defence

2:00 – 3:00 **DISCUSSION GROUPS** Same as the morning

3:00 – 3:30 **FILM "In the Minds of Men"** Auditorium
Introduced by Dr. Jane Teare, Special Advisor to the Film

With thanks to INTRODUCING: THE WORLD for guidance with conference materials

BRINGING UP CHILDREN
UNDER THE THREAT OF NUCLEAR WAR

SPEAKER

Dr. Norman Alcock
Canadian Peace Research Institute

PANEL DISCUSSION

How do we talk to children about the bomb?
How can we deal with their fear?
What can we do about it?

(Panel includes parents, a teacher, a student, and a member of Physicians for Social Responsibility.)

TUESDAY, OCTOBER 26, 1982

Jarvis Collegiate Institute
495 Jarvis Street at Wellesley
7:30 p.m.
Auditorium

(Babysitting available)

This is part of a series of events sponsored by the Toronto Board of Education entitled "What Can We Do? Thinking and Deciding in the Nuclear Age."

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Ontario

OFFICE OF
CLERK OF THE LEGISLATIVE ASSEMBLY

LEGISLATIVE BUILDING
TORONTO, ONTARIO
M7A 1A2

October 15, 1982,

Board

Alderman Johnston,
Chairman,
Department of Public Health
City of Toronto,
Local Board of Health,
New City Hall,
100 Queen St. West,
Toronto, Ontario,
M5H 2N2.

Dear Alderman Johnston:

We would like to thank you for taking the time September 15th and October 6th, 1982 to appear before the Standing Committee on Social Development regarding Bill 138, the Health Protection Act, 1982. Your presentation will be of great assistance to the Committee in its consideration of the Bill.

Yours truly,

Lynn Mellor
Clerk of the Committee

+ MOH
Bd of Health

Office of the Minister
Bureau du Ministre

Ministry of Health
Ministère de la Santé

Hepburn Block
Queen's Park
Toronto, Ontario
M7A 2C4
416/965-2421

Edifice Hepburn
Queen's Park
Toronto, Ontario
M7A 2C4
416/965-2421

30

October 26, 1982

Alderman Anne Johnston
Chairman, Board of Health
Toronto City Health Department
2nd Floor, City Hall
100 Queen Street West
Toronto, Ontario.
M5H 2N2

Dear Anne,

I received a letter from Mr. Dennis Long, Chairperson of your Eastern Health Area Community Advisory Board, advising me of a motion passed by his Advisory Board respecting the control of salmonella infections, urging that the guidelines suggested by the Inspectors of the Peterborough Civic Hospital outbreak be enforced as regulations under The Public Health Act.

You are aware that the verdict of the jury, convened several weeks ago in Peterborough to investigate the Burrows infant death, has made its recommendations and these are being studied by my staff.

We will consider the regulation options accordingly.

Yours very truly,

Larry Grossman
Minister.

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Office of the Minister
Bureau du Ministre

Ministry of Health
Ministère de la Santé

Hepburn Block
Queen's Park
Toronto, Ontario
M7A 2C4
416 965-2421

Edifice Hepburn
Queen's Park
Toronto, Ontario
M7A 2C4
416/965-2421

October 6, 1982

Mr. A.R.N. Woadden
Deputy City Clerk
Department of the City Clerk
City Hall
Toronto, Ontario
M5H 2N2

Dear Mr. Woadden.

Thank you for your recent letter to which you attached Clause 2 of Report 10 of the Local Board of Health entitled "Deficiencies in Appropriate Housing for Ex-Psychiatric Patients".

I have reviewed the recommendations which were adopted by City Council, and note that my Ministry is involved in addressing the majority of these areas already. You may know that Dr. Sandy Macpherson, Medical Officer of Health for Toronto, recently met with Ministry of Health staff and with the Parkdale Working Group. He or his representative will be meeting with that group on an ongoing basis.

Additionally, my staff are, at my specific request, in active consultation with representatives of many other interested groups and agencies who are involved with this issue. Matters such as appropriate levels of care, co-ordination of support services, income maintenance, etc., are being addressed. I am informed that their work is going well and that I may expect practical proposals in the near future.

Yours very truly,

Larry Grossman
Minister.

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CITY CLERK'S OFFICE
NO. 77648 ANS
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Nov 9 9 53 AM 82

Office of the Minister
Bureau du Ministre

Ministry of Health
Ministère de la Santé

Hepburn Block
Queen's Park
Toronto, Ontario
M7A 2C4
416/965-2421

Edifice Hepburn
Queen's Park
Toronto, Ontario
M7A 2C4
416/965-2421

November 5, 1982

Mr.Roy V. Henderson
Department of the City Clerk
City of Toronto
City Hall
Toronto, Ontario
M5H 2N2

Dear Roy

Thank you for your letter of September 14,1982 regarding the proposed Health Protection Act.

I understand that Alderman Anne Johnston, Chairman of your Board of Health, and Dr. A.S.MacPherson, Medical Officer of Health, have appeared before the Standing Committee on Social Development.

I am advised also that representatives from the City are having meetings with staff of my Ministry with a view to resolving the City's concerns.

Yours very truly,

Larry Grossman
Minister.

Ontario

33

Ministry
of
Health

(416) 965-2426

Fifth Floor,
15 Overlea Boulevard,
Toronto, Ontario,
M4H 1A9.

October 15,1982.

TO: MEDICAL OFFICERS OF HEALTH

Dear Doctor:

Re: Provincial Training Programs for Medical Officers of Health

You will recall receiving in June of this year a copy of the Minister's address at the annual meeting of the Association of Ontario Boards of Health. In this he announced the establishment of a program to fund training positions for experienced physicians who wish to become medical officers of health in Ontario.

A selection committee has been established under the chairmanship of Dr. Barbara Blake and will include representatives of the Society of Medical Officers of Health of Ontario, the Association of Ontario Boards of Health, the Area Medical Officers and the University of Toronto.

Successful candidates will be chosen from physicians who hold a full licence to practise medicine in Ontario and who have had a good record of clinical practice, preferably in family medicine. The candidate must be supported by letters of reference from the Board of Health and Medical Officer of Health for the area in which he or she practised.

Candidates with no public health experience may elect to have a period of orientation with their local health unit of up to six months so that they, and their Medical Officer of Health can decide whether or not public health is a suitable field for them.

Before being granted a Provincial bursary a candidate must be accepted by the University of Toronto for the M.H.Sc. program. Support will be

. 2

at the level of $50,000.00 per year plus tuition and will continue for a maximum of six months' orientation and 16 months on the course of studies.

Following successful completion of the M.H.Sc. course, a return of service must be provided at the rate of one month of service for each month of support. Service will be required in an Ontario health unit or equivalent position as approved by the selection committee. Failure to complete the course successfully or to return service will require the return of salary and tuition costs plus interest.

This new approach to the problem of Medical Officer of Health recruitment is expected to have an important role for the future and I look forward to support from you and your Board in assuring its success.

Please find attached a draft letter of the type being sent out in response to enquiries from interested physicians.

Yours very truly,

G. K. Martin, M.D., D.P.H.,
Executive Director,
Health Programs Division.

Attach.

Ontario

Ministry
of
Health

Health
Programs
Division

(416) 963-2229

Fifth Floor,
15 Overlea Boulevard,
Toronto, Ontario,
M4H 1A9.

Dear

Thank you for your letter enquiring about the Medical Officers of Health Training Program. This particular program was established for experienced physicians who wish to enter public health on a full-time basis as Medical Officers of Health following a period of clinical practice at the community level.

If you are interested in the program, please send us a letter of application and your curriculum vitae to be considered by our Selection Committee. Your application must be accompanied by a letter from your local Medical Officer of Health indicating his opinion of your contribution to your local community through successful practice and other community participation, and a letter of reference from the Board of Health. If selected for the program the following conditions will apply:

- If you have had no public health experience, you may wish to consider a period of orientation of up to six months in a Health Unit.
- Following satisfactory orientation you must make application and be accepted for the Master of Health Science Program at the University of Toronto. Alternate courses may be accepted by the Selection Committee in exceptional instances.
- You will receive a salary of $50,000.00 per annum from the Ministry of Health plus tuition costs for the duration of your training, including initial orientation.

. . . . 2

- You must return service in a Health Unit or equivalent, approved by the Selection Committee, after you have completed the course.
- Failure to complete the course or return of service requires return of salary and tuition plus interest.

It would be wise for you to make enquiries at the University of Toronto now and supply them with a transcript of your undergraduate medical grades. It would also be advisable for you to make an appointment to discuss the position of Medical Officer of Health with your local Medical Officer of Health, Dr. ______________________________ , telephone __________________ .

Please let me know if you require any additional information.

Yours very truly,

Barbara J. Blake, M.D., D.P.H.,
Director,
Public Health Branch.

BJB/li

Family Planning Network of Metropolitan Toronto

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October 29, 1982

Hon. Larry Grossman,
Minister of Health,
Hepburn Block,
Queen's Park,
Toronto, Ont.,
M7A 2C4

Dear Mr. Grossman,

Thank you for your letter of August 16. Since our last correspondence the abortion situation in Toronto has unfortunately deteriorated, both for women seeking abortions and for health care professionals trying to find referrals for these women.

For example:

1. You will see by the enclosed letter that our request to Women's College Hospital has been turned down and that there will be no increase in OHIP-covered abortions there. Thus, the Bay Centre for Birth Control must continue to refer patients to other hospital clinics.

no enclosure →

2. Gynecologists at Toronto Western Hospital will no longer perform second trimester abortions, causing an already difficult situation to become desperate. Adolescent services are unable to refer to the Western Hospital for second trimester procedures and some must turn away anyone more than 12 weeks pregnant.

3. For women who cannot find a place in a clinic facility, the cost of a procedure averages $300.00 and many are required to pay before the procedure is done.

The declining number of OHIP-covered procedures, both first and second trimester, affects the young and the poor in particular and this is of great concern to all health care professionals involved in fertility control.

The regional disparities in the province remain. Dr. Henry Morgentaler tells us that in 1981 he saw 181 women from Ontario, mainly from northern communities. In August 1982 alone, he saw 24 from Ontario.

In 1980, of the 16,000 therapeutic abortions performed in Metro Toronto hospitals, 3,000 were for non-Metro residents. Between 1975 and 1980 there was a 39% increase in the number of non-Metro residents who had their abortions in the city of Toronto. There was a 116% increase in the number of non-Metro residents who had abortions in Metro (exclusive of city) hospitals.

Many women are not able to have abortions in their own communities, due to lack of committees or strict interpretation of the word health if committees exist.

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P.O. BOX 602 POSTAL STATION Q TORONTO M4T 2N4

Also, for some women, anonimity would be a concern in their own small community. And if neighbouring communities do not have facilities, the expense and uncertainty of travelling to an urban centre can be traumatic.

Mr. Grossman, what we see happening is the development of a two class system where those women with financial resources and good connections can be assured of finding a legal procedure, even if it means going to New York state or to Dr. Morgentaler's clinic in Montreal, while those who are poor or young, are faced with delays and in some cases are forced to continue an unwanted pregnancy.

In the interest of a humane and equitable health care delivery system, we are asking that you consider, as part of the solution to the problem, the establishment of clinics where first trimester abortions, covered by OHIP would be available. Such clinics exist in Quebec and are working well. The population accepts them and we are sure they will be accepted here in Ontario.

We would be happy to meet with you to discuss the points we have raised and to provide you with more information about the current situation in and around Toronto.

Sincerely,

Ruth Miller

Ruth Miller for the Network

encl.

cc.

Helen McKilligan M.D. Senior Medical Consultant, Program Advisory Branch
 Ministry of Health of Ontario.
✓A.S. Macpherson, M.D. Medical Officer of Health, City of Toronto
Alderman Ann Johston, Chairman, Board of Health, City of Toronto

CITY CLERK'S OFFICE
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Ontario

Office of the Minister

Ministry
of
Labour

[illegible] University Avenue
Toronto, Ontario
M7A 1T7
(416) 965-4101

35

October 21, 1982

Mr. Roy V. Henderson,
Secretary,
The Local Board of Health,
City of Toronto,
City Hall,
Toronto, Ontario.
M5H 2N2

Dear Mr. Henderson:

Thank you for your letter of September 28, 1982, requesting the results of any lead tests undertaken on employees of Toronto Refiners and Smelters during the months of May and June, 1982.

I must draw your attention to the provisions contained in sections 15 and 16 of the Regulation respecting Lead - made under the Occupational Health and Safety Act (copy enclosed), which prescribe for the disposition of the results of clinical tests. While it is not possible to provide you with the results for individual employees, I understand that my officials are analysing the data and will prepare summary information relevant to your enquiry that they believe will be of assistance to you. This will be sent to you directly by the Assistant Deputy Minister, Occupational Health and Safety Division, as soon as it has been prepared.

Yours sincerely,

R. H. Ramsay,
Minister

Encl.

National Research Council Canada
Environmental Secretariat
Associate Committee on Scientific Criteria for Environmental Quality
Ottawa, Canada
K1A 0R6

Conseil national de recherches Canada
Secrétariat de l'environnement
Comité associé sur les critères scientifiques concernant l'état de l'environnement

ANNOUNCEMENT
OF
PUBLICATION

36

WORKSHOP ON THE COMBINED EFFECTS OF XENOBIOTICS

The combined effects of toxic agents on man in his home and his workplace are of principal interest to us today. While most toxicological studies deal solely with a single pollutant or a narrow range of pollutants, the actual problem is the multiplicity of pollutants simultaneously encountered. In recognition of the need for environmental toxicologists to consolidate their thinking, papers for a workshop on this problem were solicited by the National Research Council's Associate Committee on Scientific Criteria for Environmental Quality from selected individuals and Canadian research institutions. The intent was to examine how we can give direction to a field which is essentially without productive focus.

An expert Panel of senior Canadian toxicologists and environmental scientists was convened to moderate the discussions in the workshop and to prepare suggestions for more productive directions in the Canadian research effort. The proceedings of this workshop, along with the Panel's recommendations, have recently been released as the monograph entitled "Workshop on the Combined Effects of Xenobiotics". The reports deal with the *Ah* gene complex, mixed function oxidases, and various aspects of the combined effects of polychlorinated biphenyls and asbestos, among other topics.

The Panel's report reflects on the reasons for the apparent lack of focus during the workshop and more generally in the studies on combined effects of toxic agents. The recommendations of the Panel stem from their conviction that an increase in productivity could not be achieved without a fundamental rethinking of the philosophies behind the funding of toxicological research in this country.

Reports are published in the language in which they were presented; abstracts are given in both official languages.

Publication No. NRCC 18978 (253 pages)
Available through prepaid purchase
orders from

Publications, NRCC/CNRC
Ottawa, Ontario, Canada K1A 0R6

Price: $5.00

National Research Council Canada
Environmental Secretariat
Associate Committee on Scientific Criteria for Environmental Quality
Ottawa, Canada
K1A 0R6

Conseil national de recherches Canada
Secrétariat de l'environnement
Comité associé sur les critères scientifiques concernant l'état de l'environnement

ANNOUNCEMENT

OF

PUBLICATION 37

AMINOCARB: THE EFFECTS OF ITS USE ON THE FOREST AND THE HUMAN ENVIRONMENT

Aminocarb is a broad-spectrum insecticide used throughout the world to control agricultural and forest pests. In Canada, it is registered solely for the control of spruce budworm in coniferous forests.

Aminocarb's most extensive use has been in Quebec, New Brunswick and Newfoundland, where it has been used either alone or in combination with fenitrothion or phosphamidon. In Ontario, aminocarb has been the major chemical insecticide used against spruce budworm since 1976. In the decade since its first large-scale use, a total of about one million kg of aminocarb (active) has been applied in four eastern provinces - Newfoundland, New Brunswick, Quebec and Ontario.

This document was prepared for the NRC Associate Committee on Scientific Criteria for Environmental Quality by a Panel of 13 experts. The report investigates the chemistry of aminocarb including its metabolism and persistence, the potential human and wildlife exposure, the environmental toxicology including effects on terrestrial and aquatic ecosystems, and the mammalian toxicity. The "Critique and Recommendations" section of the report contains 15 suggestions for the critical studies needed to compile a rigorous assessment of the impact of aminocarb in the Canadian environment.

English version (253 pages)
Publication No. NRCC 18979
Available through prepaid purchase orders from

Version française (à paraître)
Publication n° CNRC 18980
En vente, moyennant commandes prépayées, au Service des

Publications. NRCC/CNRC
Ottawa, Ontario, Canada K1A 0R6

Price/Prix: $8.00

Canada

National Research Council Canada
Conseil national de recherches Canada

Environmental Secretariat
Secretariat de l environnement

Associate Committee on Scientific Criteria for Environmental Quality
Comité associé sur les critères scientifiques concernant l'état de l'environnement

Ottawa, Canada
K1A 0R6

ANNOUNCEMENT
OF
PUBLICATION

38

THE NEED FOR NEW DIRECTIONS IN TOXICOLOGICAL FUNDING

Excerpted from the "Workshop on the Combined Effects of Xenobiotics"

The combined effects of toxic agents on man in his home and his workplace are of principal interest to us today. While most toxicological studies deal solely with a single pollutant or a narrow range of pollutants, the actual problem is the multiplicity of pollutants simultaneously encountered. In recognition of the need for environmental toxicologists to consolidate their thinking, papers for this workshop were solicited by the National Research Council's Associate Committee on Scientific Criteria for Environmental Quality from selected individuals and Canadian research institutions. The intent was to examine how we can give direction to a field which is essentially without productive focus.

An expert Panel of senior Canadian toxicologists and environmental scientists was convened to moderate the discussions in the workshop and to prepare suggestions for more productive directions in the Canadian research effort. The proceedings of this workshop have recently been released as the monograph entitled "Workshop on the Combined Effects of Xenobiotics" (NRCC No. 18978). The present short publication excerpts and reproduces in separate cover the critique of the expert Panel and is directed to senior managers of Canadian scientific policy, researchers and others, in order to stimulate the thought and dialogue which must precede the development of viable programs for funding and research. It reflects on the reasons for the apparent lack of focus during the workshop and more generally in the studies on combined effects of toxic agents. The recommendations of the Panel stem from their conviction that an increase in productivity could not be achieved without a fundamental rethinking of the philosophies behind the funding of toxicological research in this country.

Publication No. NRCC 18983 (11 pages)
Available through prepaid purchase
orders from

Publications, NRCC
Ottawa, Ontario, Canada K1A 0R6

Borthwick
Caplan
D'Cruz
Farley
Harvey
James, G.
O'Neill

Price: $2.00

Canada

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Associate Committee on Scientific Criteria for Environmental Quality
Comité associé sur les critères scientifiques concernant l'état de l'environnement

Ottawa Canada
K1A 0R6

ANNOUNCEMENT
OF
PUBLICATION 39

THE EFFECTS OF CYANIDES ON AQUATIC ORGANISMS WITH EMPHASIS UPON FRESHWATER FISHES

This document begins with a survey of the chemistry and the environmental dynamics of cyanides in aquatic ecosystems. It then deals in detail with the toxicological effects of cyanides on aquatic organisms and concludes with an analysis of the overall significance of laboratory studies.

While the ubiquitous nature of cyanide-containing compounds in terrestrial and aquatic ecosystems is attributable to both natural and man-made sources, the industrial age has brought on increases in levels to the point where cyanides are considered among the major pollutants in receiving waters.

The primary toxic form of cyanide in the aquatic environment is free cyanide, composed of the equilibrium summation of molecular HCN and the cyanide ion. In natural waters with a pH of 8.5 or lower, most of the free cyanide is in the form of molecular HCN. The toxicity of complex cyanides is usually related to the degree of release of cyanide ions to the solution, which then enter into an equilibrium with molecular HCN.

The toxicity of free cyanide at the lethal and sublethal levels of exposure has been extensively studied in the laboratory, using freshwater fish that had not been previously exposed to cyanide-containing compounds. In addition, fixed concentrations of toxicant were usually used for the duration of the tests. Although such test conditions are not found in the natural environment, the investigations indicated the toxicologically effective range of free cyanide concentrations and permitted a qualitative description of specific effects in fish.

With the exception of information concerning the effects of molecular HCN on freshwater fish, the current scientific criteria are insufficient to provide a thorough assessment of cyanide compounds in the Canadian aquatic environment. Numerous pieces of scientific information are lacking and recommendations for research are included in this document.

English version (139 pages)
Publication No. NRCC 19246
Available through prepaid
purchase orders from

Version française (à paraître)
Publication n° CNRC 19247
En vente, moyennant commandes
prépayées, au Service des

Publications, NRCC/CNRC
Ottawa, Ontario, Canada K1A 0R6

Price/Prix: $5.00

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Comité associé sur les critères scientifiques concernant l'état de l'environnement

Ottawa, Canada
K1A 0R6

ANNOUNCEMENT
OF
PUBLICATION 40

EFFECTS OF AEROSOLS ON ATMOSPHERIC PROCESSES

This document deals with various aspects of aerosols in the atmosphere: particle characteristics; sources and emissions; effects on optical properties of the atmosphere; effects on clouds, fog, precipitation and atmospheric electricity; and effects on climate.

The presence of particles in the atmosphere results from the activities of both nature and man. The relative proportions of the total atmospheric particle burden generated by each source category has yet to be elucidated. The routine measurement and control of airborne particles have been traditionally based on the concept of total suspended particulate matter with little regard for an airborne particle's intrinsic characteristics or the factors dictating its behavior in an atmospheric aerosol. It has been demonstrated that atmospheric aerosols are composed of a spectrum of airborne particles, having characteristics such as particle size, shape, density, surface area, light scattering properties, etc. which are dependent upon mechanisms of particle formation, atmospheric transport, transformation and removal. The most important parameter to characterize airborne particles is considered to be particle size, and, of the numerous expressions used to denote it, aerodynamic diameter is the most widely accepted.

The distribution of particle sizes in an atmospheric aerosol fluctuates dramatically, depending upon such influences as source(s), age of the aerosol and meteorological conditions. Atmospheric aerosols relatively far removed from specific sources normally have a bimodal size distribution according to mass; these modes are fine (0.1-1.0 μm) and coarse (2-100 μm). The division between fine and coarse particle modes is in the range of 1-3 μm, but is commonly assumed to be 2 μm. However, this separation is neither sharp nor fixed and significant overlap may occur.

The scattering and absorption of light by aerosols is dependent upon particle size distribution, refractive index and shape, and on the relative humidity and wavelength of incident light. The reduction in visible light intensity is due primarily to the presence of fine particles (particularly those with diameters 0.1-1.0 μm). Although airborne fine particles are generally considered responsible for much of the reduced visibility, especially in areas of relatively low particle mass loadings, the concentration and chemical composition of such particles can vary significantly in space and in time. Despite numerous attempts to correlate particle chemical composition with visibility reduction, such a correlation must be considered tenuous since a chemical constituent's contribution to aerosol mass loading may not equal its contribution to visibility degradation. Some field studies have demonstrated significant positive correlations between sulfate concentrations and visibility, especially in nonurban areas.

Aerosols may affect clouds, fog, precipitation and electric properties of the atmosphere. Climate models indicate that an increase in aerosol loading in the stratosphere will warm the aerosol layer and may decrease the temperature at the earth's surface. However, the effects of aerosols (both stratospheric and tropospheric) on the earth's surface temperature have not yet been clearly established.

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J. Stefan Dupré, Ph.D.
Commissioners:
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Robert Uffen, Ph.D., P.Eng., F.R.S.C.
Director of Research:
Donald Dewees, Ph.D.
Legal Counsel:
John I. Laskin, LL.B.
Executive Co-ordinator:
Linda Kahn, M.P.A.

Royal Commission on Matters of Health and Safety Arising from the Use of Asbestos in Ontario

180 Dundas Street West
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Toronto, Ontario
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416/965-1885

No: 82-4

NEWSLETTER

October 1982

1. The Royal Commission on Asbestos -- Public Hearings

The Commission conducted an intensive series of public hearings this summer, wherein witnesses gave sworn testimony on such subjects as standard-setting, enforcement and implementation, and workers' compensation. The complete list of witnesses who appeared before the Commission between May 20th and August 24th is as follows:

Dr. Peter Barth	Author, "Workers' Compensation and Asbestos in Ontario," RCA Study No. 2.
Mr. Jack Cashman	Manville Canada Inc.
Mr. Gunnar Daniellson	Swedish National Board for Occupational Health and Safety
Dr. Douglas Dyer	Ontario Workmen's Compensation Board
Mr. Lars Ettarp	Swedish Ministry of Labour
Dr. Keith Fitzgerald	Scarborough Department of Health
Mr. Eugene Girdauskas	Canadian Union of Operating Engineers and General Workers, Local 110
Mr. Arthur Gladstone	Ontario Ministry of Labour
Dr. Cameron Gray	Ontario Workmen's Compensation Board
Mr. Ross Hunt	British Belting and Asbestos Ltd. (BBA Group)
Dr. Paul Kotin	Johns-Manville Corporation
Mr. Harald Linton	Swedish Ministry of Labour
Mr. Al MacDonald	Ontario Workmen's Compensation Board
Mr. Bruce Machin	Manville Canada Inc.
Mr. John McDonald	Ontario Workmen's Compensation Board
Mr. James McNair	Ontario Ministry of Labour
Mr. Walter Melinyshyn	Ontario Ministry of Labour
Mr. William Pearce	Ontario Workmen's Compensation Board
Dr. Peter Pelmear	Ontario Ministry of Labour
Mr. Gyan Rajhans	Ontario Ministry of Labour
Dr. Alexander Ritchie	Toronto General Hospital
Mr. Robert Sass	Saskatchewan Department of Labour

Mr. William Simpson	U.K. Health and Safety Executive
Mr. Ed Stevens	Manville Canada Inc.
Dr. Charles Stewart	Ontario Workmen's Compensation Board
Dr. Jerome Vingilis	Formerly - Ontario Ministry of Labour
Dr. Bailus Walker	Formerly - U.S. Occupational Safety and Health Administration
Mr. Arne Westlin	Swedish National Board for Occupational Health and Safety
Mr. Robert Wilson	Ontario Hydro

In addition, the following people made oral presentations before the Commission regarding written submissions they had filed on workers' compensation. This "Phase III" hearing took place on July 5, 1982.

Mr. Ed Cauchi	"Asbestos Victims of Ontario"
Mrs. Odette Dodds	"Asbestos Victims of Ontario"
Mrs. Betty Glaser	"Asbestos Victims of Ontario"
Mrs. Camille Haineault	"Asbestos Victims of Ontario"
Mr. Mike Jones	International Association of Heat and Frost Insulators and Asbestos Workers
Mr. Floyd Lefebvre	Former Asbestos Worker
Mr. Joseph Pagnello	"Asbestos Victims of Ontario"
Ms. Moraq Perkins and Mrs. Lilian Perkins	"Asbestos Victims of Ontario"
Mr. Daniel Ublansky	Energy and Chemical Workers Union

Transcripts of these hearings are available for reading in the Commission's library room, Suite 2214, 180 Dundas Street West, Toronto. (Purchasing information is available upon enquiry to Linda Kahn at the Commission.)

2. Royal Commission on Asbestos -- Research

The Royal Commission on Asbestos has now published eight research papers. The first six in the Study Series were outlined in Newsletter No. 82-2, in April 1982. Studies No. 7 and 8 are described below. Please note that all studies were commissioned by the Royal Commission on Asbestos, but that the views expressed therein are those of the authors and do not necessarily reflect the views of the members of the Commission or its staff.

Study No. 7 THE TECHNICAL FEASIBILITY AND COST OF CONTROLLING WORKPLACE EXPOSURE TO ASBESTOS FIBRES (150 pages)

by Gordon M. Bragg

Dr. Gordon Bragg of the Department of Mechanical Engineering at the University of Waterloo reviews past studies and analyzes new data to evaluate the technical feasibility and cost of achieving various levels of control of asbestos fibres in the workplace. Professor Bragg separates the manufacturing process into a number of discrete processes, and analyzes the control of fibre release separately for each process. He then estimates control costs for a hypothetical brake manufacturing plant, a gasket and packing plant, and a small gasket plant. The attitudes of the firms toward future use of asbestos and the substitution of other materials is discussed.

The control of fibre levels in manufacturing can be achieved by substituting other materials for asbestos, by using exhaust ventilation to gather fibres released in a process before they reach the worker, by wetting the asbestos materials so fibres cannot become airborne, by building an enclosure around the process, and by other methods. All of these control methods have been available for many years, but fibre exposures have declined over time because of more extensive use of these controls and greater sophistication in their application.

The study concludes that there are a small number of processes that cannot be controlled by engineering methods below 2.0 fibres/cc. Many processes can achieve a 1.0 fibre/cc level at a modest cost increase above present controls. The 0.5 fibre level is also achievable in many processes, but at a considerably greater cost. Trying to achieve a level of 0.1 fibre/cc would present serious feasibility problems in many processes, would be significantly more costly than the 0.5 fibre level, and would raise problems of measuring such low levels with sufficient accuracy. A few processes and plants, however, appear to achieve the 0.1 fibre/cc level most of the time. Controls below the 1 fibre/cc level generally require enclosure of the machinery to prevent fibre escape, the use of local exhaust ventilation, and careful cleaning of any spilled or waste asbestos material. Many small plants have difficulty securing the expertise needed to design, install and operate highly effective control systems. Future reductions in the exposure of Ontario workers to asbestos will primarily come not from new technology, but from better and more extensive applications of control methods that have already been proven.

Study No. 8 ASBESTOS IN BUILDINGS (337 Pages)

by Donald J. Pinchin

Dr. Donald Pinchin, the head of D.J. Pinchin Technical Consulting, has, in cooperation with the Ontario Research Foundation, studied the problems presented by the presence of asbestos in Ontario buildings. The study includes a review of the results of previous scientific work performed in various countries, and the collection, presentation and discussion of new data from Ontario.

Dr. Pinchin estimates that between 2% and 10% of the floor area of Ontario buildings other than residences may contain sprayed asbestos-containing insulation. Sprayed asbestos is rare in private homes or apartment buildings. Friable asbestos-containing pipe and boiler insulation can probably be found in a larger proportion of these buildings, but they are often localized in particular areas of the building such as boiler rooms. Most of the sprayed insulation is in multi-storey buildings constructed between 1950 and 1970.

While any friable products that contain asbestos have the potential of releasing airborne fibres, buildings with such products do not necessarily have airborne asbestos fibre levels significantly above normal levels in other buildings or outdoors. Elevated airborne asbestos fibre levels usually require some disturbance of friable materials by building occupants, by maintenance workers, or during building renovation or demolition. In some cases routine cleaning activities can produce elevated fibre levels. It is rare, however, that fibre levels in buildings approach the recently adopted Ontario standards for the exposure of workers to asbestos fibres, and it is uncommon for them to exceed the current environmental guideline.

Dr. Pinchin discusses methods of dealing with asbestos problems in buildings including management and custodial control, spraying on a coating to encapsulate the material, enclosing the material, or removing it. He concludes that encapsulation or enclosure are only appropriate for pipe and boiler insulation, and in a few other special cases. Sprayed asbestos-containing material may be left intact if it is not releasing fibres and is not often disturbed. If the material is in poor condition or will be seriously disturbed so that there will be substantial fibre release, then removal is the best control option. However, removal must be performed very carefully to avoid substantial exposure of the control workers, or leaving some asbestos in the building.

He concludes: "It is the author's judgement that there is no need to remove all sprayed material at once, but that all sprayed friable materials should be removed prior to building demolition if the object is to prevent exposure of the demolition workers and the general population to very elevated airborne asbestos fibre concentrations."

This study suggests that the risk of substantial fibre exposure is generally low for general building occupants. The more important risk is that faced by the cleaning and custodial staff, maintenance workers, and ultimately demolition workers who may experience high exposures when they disturb the asbestos material.

Recommendations are made regarding appropriate methods of inspecting buildings for asbestos hazards and for dealing with any hazards that are discovered.

* * * * * *

Copies of Commission studies have been lodged at all 56 "full depository" libraries, most of which are public, university, or college libraries located in Ontario. The Commission has a list of these libraries if you wish to check if "your" library is on the circulation list; call collect, 416/965-1885 (or you can simply contact the reference desk of your local library).

The Commission also has copies of the studies on hand in its library room, Suite 2214, of 180 Dundas Street West, for interested readers.

Copies of all studies can be purchased in person at the Ontario Government Bookstore, 880 Bay Street, Toronto, Ontario (Telephone: 416/965-2054); or by contacting the Publications Mail Order Service, 880 Bay Street, 5th floor, Toronto, Ontario, M7A 1N8 (Telephone: 416/965-6015).

Prices for the studies are noted below. (Cheques or money orders are made payable to the Treasurer of Ontario and sent to the Publications Mail Order Service.)

Study No. 1	COLLECTIVE BARGAINING AND ASBESTOS DANGERS IN THE WORKPLACE by Morley Gunderson and Katherine Swinton (ISBN: 0-7743-6834-9).	$ 6.50
Study No. 2	WORKERS' COMPENSATION AND ASBESTOS IN ONTARIO by Peter S. Barth (ISBN: 0-7743-7024-6).	$ 5.50
Study No. 3	POLICY OPTIONS IN THE REGULATION OF ASBESTOS-RELATED HEALTH HAZARDS by Michael J. Trebilcock and Carolyn J. Tuohy (ISBN: 0-7743-7043-2).	$10.00
Study No. 4	THE POLITICS OF RISK: THE IDENTIFICATION OF TOXIC AND OTHER HAZARDOUS SUBSTANCES IN CANADA By G. Bruce Doern (ISBN: 0-7743-6960-4).	$ 4.25
Study No. 5	LIVING WITH CONTRADICTIONS: HEALTH AND SAFETY REGULATION AND IMPLEMENTATION IN ONTARIO By G. Bruce Doern, Michael Prince, and Garth McNaughton (ISBN: 0-7743-7056-4).	$10.00
Study No. 6	WORKER ATTITUDES ABOUT HEALTH AND SAFETY IN THREE ASBESTOS BRAKE MANUFACTURING PLANTS by Sally Luce and Gene Swimmer (ISBN: 0-7743-7057-2).	$ 5.00
Study No. 7	THE TECHNICAL FEASIBILITY AND COST OF CONTROLLING WORKPLACE EXPOSURE TO ASBESTOS FIBRES by Gordon M. Bragg (ISBN: 0-7743-7311-3).	$ 5.50
Study No. 8	ASBESTOS IN BUILDINGS by Donald J. Pinchin (ISBN: 0-7743-7323-7).	$10.00

Further information on publications should be addressed to Ms. Linda Kahn, Executive Co-ordinator, or Dr. Donald Dewees, Director of Research, Royal Commission on Asbestos, 180 Dundas Street West, 22nd floor, Toronto, Ontario, M5G 1Z8 (Telephone: 416/965-1885).

3. Royal Commission on Asbestos -- General Information

At the Commission's last hearing on August 24th, Chairman J. Stefan Dupré reminded participants and members of the audience that he had earlier said that the Commission's final report would be ready seven months after the completion of public hearings. At this time, the Commission is waiting to hear from its Parties-with-Standing about their desire for a final "summing-up" hearing day. (Readers interested in this matter may wish to call the Commission at 416/965-1885 after October 29.) Nevertheless, if we consider August 24th as the last hearing day, and barring any unforeseen circumstances, the Commission hopes to hand its report to the printers by the end of March 1983.

TELEPHONE 685-1571

THE REGIONAL MUNICIPALITY OF NIAGARA

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October 8, 1982
Our Ref: PW 26
DEA 187-06

The Honourable Keith C. Norton
Minister of the Environment
14th Floor, 135 St. Clair Ave West
Toronto, Ontario, M4V 1P5

Dear Mr. Minister,

Re: Ministry of the Environment
Implementation of Program

The Council of the Regional Municipality of Niagara, at its meeting of October 7, 1982, approved and adopted the following resolution on the recommendation of its Public Works and Utilities Committee:

> "That during this period of economic recession, the Ministry of the Environment be requested to defer the implementation of the following environmental programs:
>
> 1. Environmental Assessment Regulations;
> 2. More stringent regulations for phosphate removal;
> 3. Additional treatment of water plant backwash wastes.
>
> That this resolution be circulated to all Regions and major municipalities in Ontario, for support."

As is explained in the attached staff report, (DEA 187-6) our Council is concerned that increased environmental controls, although desirable for the protection of the environment, require additional expenditures which will impose a hardship on the Region during this period of economic recession and restraint.

Our Council therefore requests, with respect, that such controls be deferred or greatly reduced by your Ministry until our economy recovers from its current downturn.

Yours sincerely,

W. J. Dawson
Regional Clerk

AP/bc

Attach.

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DEA-187, item 6
1982 09 13

THE REGIONAL MUNICIPALITY OF NIAGARA

Public Works Department

Report to: Mr. L. Lemelin, Chairman and Members of
the Public Works and Utilities Committee

Councillors:

Ministry of the Environment Implementation of Programs

The following recommendation is submitted for Committee's consideration:

> That during this period of economic recession the Ministry of the Environment be requested to defer the implementation of the following environmental programs:
>
> 1. Environmental Assessment Regulations;
> 2. More stringent regulations for phosphate removal;
> 3. Additional treatment of water plant backwash wastes.

The federal government has established inflation guidelines of 6% in 1983 and 5% in 1984. Although the province has not acted on this proposal as of the writing of this report, Niagara has requested its departments to attempt to reach these guidelines in preparing its 1983 budgets.

Since increased environmental controls require additional expenditures, it seems reasonable to request that such objectives be deferred until the present economic recession has run its course, and the economy has become more stable. This would also assist in attempting to achieve financial restraints as requested by Regional Council.

....2

According to the timetable established for the implementation of environmental assessment regulations, these would commence for municipalities in 1983. Our Projects Division staff has evaluated the impact of preparing class assessments for road projects only. They estimate that it would add in the order of $2,000 to $4,000 per such document on the premise that no difficulties were encountered and that no objections were received from any agency or the public concerning the undertaking. If objections are received and we are required to prepare a full scale environmental assessment and to undertake a hearing, the costs would obviously be very much higher. We suggest it would be desirable that this requirement be deferred until a better economic climate occurs.

At the present time, regulations require that our discharge of phosphate in sewage effluent be no greater than one milligram per litre. We are advised that the Ministry is considering tightening up this regulation in order to reduce the discharge to one-half milligram per litre. We are unable to estimate either the capital or operational cost of this additional requirement until some fairly extensive engineering studies are completed. We are of the opinion that considerable plant expansion will be required with a lot more sewage sludges and a much higher chemical requirement, all of which are costly. Although this may be very desirable from an environmental viewpoint on the one hand, on the other hand it adds to our capital and operational costs and will make it much more difficult to keep our future budgets within guidelines. We suggest that leaving this regulation as it is now still provides good treatment for our sewage effluent with a minimal amount of phosphate being added to the lake system and would help keep our costs down.

The third area where the Ministry of the Environment is considering increasing requirements under regulations is in respect to backwater wastes from our water plants. At the present time, we are permitted to discharge these wastes back to the water source from which it was originally drawn. Since we do not know exactly what the regulations might be, we have not been able put a handle on costs but such costs would have a significant effect on our water budget. We would require additional chemicals, haulage of the waste to a disposal site and probably acquisition and operation of disposal site or sites.

.....3

We suggest that the provincial government be requested to defer all the above requirements until such time as the economy recovers from its current recession.

Respectfully submitted,

CHE/rb

Conrad H. Eidt, P. Eng.
Director of Engineering

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CITY OF TORONTO

LOCAL BOARD OF HEALTH

November 16, 1982

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To: Local Board of Health

Subject: A City of Toronto Response to the OBSTACLES REPORT

Origin: Chairman, Local Board of Health (c37hlth82134:199)

Comments:

In 1981 a report entitled OBSTACLES written by the House of Commons' Special Committee on the Disabled and the Handicapped was presented to the Canadian Public. By October of 1981 the City of Toronto, through the Mayor's Task Force on the Disabled and Elderly had reviewed this report and had sent this review to the Special Committee. In June of 1982 the Special Committee documented the Federal Government's progress toward the implementation of the recommendations found in OBSTACLES. This new report is entitled OBSTACLES: PROGRESS REPORT.

In the absence of any City of Toronto committee or task force with an identified interest in reviewing this new Report Alderman Anne Johnston called together a group of people, from within and outside City Hall, with expertise in and an interest in problems associated with handicapped people.

This Local Board of Health Committee included: Anne Johnston, Chairman; Martha Bobrovskis; Pamela Cluff; Geoff Fernie; Larry Hodgson; Marilou McPhedran; Pat O'Connell; Ceta Ramkhalawansigh; William Shannon; and Maureen Spencer.

This Committee reviewed the OBSTACLES: PROGRESS REPORT under the direction of Chairman Johnston commenting on the acceptability of the observed progress towards implementation. This Committee's review, divided into a statement of review highlights and responses to individual recommendations, is herewith presented for Local Board of Health consideration.

Recommendation:

That the Local Board of Health accept the attached report for transmission to Mr. Richard Rumas, Clerk, Special Committee on the Disabled and the Handicapped, House of Commons.

AM Johnston

WJS/dg
Attach.

Anne Johnston
Chairman, Local Board of Health

HIGHLIGHTS: CITY OF TORONTO REVIEW OF THE PROGRESS REPORT OF "ACCESS"

Human and Civil Rights

In matters relating to human and civil rights to protect disabled persons it is our position that the Federal Government must amend the Human Rights Act to provide comprehensive protection for the rights of persons with disabilities (Recommendation 1) and add a primacy clause to give disabled people a possible alternative where the Federal Government has opted out of its responsibility under Section 15 of the Charter (Recommendation 4), that the Elections Act be amended to reduce disqualification because of "mental disease" (Recommendation 9) and improve the access to the legal system for disabled persons (Recommendation 5).

Employment

The Federal Government is to be congratulated on implementing a number of recommendations on issues concerning employment and for recognizing the necessity for providing technical aids and interpretor services (Recommendation 22) (The provision of attendant services when necessary was also recommended but is not mentioned as implemented in the Progress Report. This need has been recognized by the City of Toronto and attendant care services are presently being funded). There seems a genuine commitment to improve access to CEIC and to deliver more services, although the hearing and visually impaired are not yet adequately serviced (Recommendation 33). It is also gratifying to see that special employment programs are being geared to the needs of the disabled community (Recommendation 35).

With reference to the recommendations concerning the expansion of the definition of "handicap" (19 and 21) we believe this should be a priority. The governments of the Province of Ontario and the municipalities of the City and Metropolitan Toronto have all adopted broad definitions of disability and mental illness is included in these.

Recommendation 37 was considered very important by the Mayor's Task Force (1981), particularly with reference to the payment of people in sheltered workshops. As the Special Committee points out this is one of the few recommendations that carries a large price tag and it is hoped that action will be taken in this area as soon as possible.

It is very disappointing however, that some of the most crucial recommendations that deal with the areas of affirmative action (Numbers 19 and 20) and contract compliance (Numbers 25, 26, and 27) have not been implemented nor are even under consideration.

In the discussion of contract compliance the belief that results can be achieved by "persuasion and effective communication" is argued. The fear of "negative repercussions" is also a concern. This begs the question - negative repercussions for whom? We suggest that the Government investigate the statistics on the employment of disabled people in jurisdictions where affirmative action and contract compliance programs exist and compare them with jurisdictions where voluntary persuasion is the major mechanism used, and the results will speak for themselves. Although the Federal Government does not have jurisdiction over private industry a contract compliance policy would enable the Government to have a major impact on employment practices in the private sector.

Income

One of the most significant accomplishments towards implementing the "Income" recommendations in Obstacles is the increase of the flat rate component of CPP from $70.68 a month to $227.73 per month, which is the level of the Old Age Security benefit, with the earnings - related component be raised for 1982 from $230.74 to $307.65, with the contributory requirement being lowered from 5 years to 2 years. This works towards providing disabled people with an increased income. However, it still does not provide as much an elderly person's total income including GIS, which currently in Ontario is $529.28. Despite the acknowledgement that disabled people incur more expense as the result of their disability, a person on GAINS-D in Ontario only receives $414.00 and the changes in the federal government pensions will not improve this current inequity. The pensions place both elderly and disabled people below the poverty line. The existing mechanism under the Canada Assistance Plan does not provide adequate income to disabled people in Ontario.

It is essential that the establishment disability insurance program be implemented as soon as possible and that benefits be at a level which will allow disabled people to live a reasonable life. The interim measures which have been implemented are not adequate.

It is encouraging to know that an amendment to the Income Tax Act to help offset the cost of disability is still under consideration. This is extremely important to disabled people who are working since their costs for working are usually higher than those of a non-disabled person.

The consideration of a tax exemption for the costs of home modification to facilitate accessibility is a step in the right direction, and combined with the extension of RRAP to include access modifications should allow more people to adapt their homes. However, there still needs to be incentives for owners of commercial establishments and developers of rental accommodations to provide accessibility.

The other most significant accomplishment is the exemption of aids for disabled persons from customs duties. However, it is disappointing to note that there is no plan to publicize this exemption. It is our experience that many good programs are not fully utilized because of lack of knowledge. The implementation of such a program is important to its success.

Information and Communication

The City of Toronto commends the Federal Government on its committment to providing access to information and entertainment for disabled persons (Recommendation 51) but also agrees with the Special Committee that the Minister establish a formal policy governing communications and disabled persons.

The City of Toronto is disappointed that no progress has been made in the establishment of regional showrooms of technical aids (Recommendation 61), and urge the Federal Government to collaborate with us to establish such a showroom in Toronto.

Technical aids for disabled people tend to be rather expensive. When approached on this topic manufacturers contend that this is a direct result of small volume production. In the opinion of the City of Toronto, regional technical aid centres would provide access to a much larger population and would enable economics of scale to be introduced without expensive marketing programs. Regional aid centres would also introduce a stronger element of competition since performance and price comparisons would be readily made by the consumer.

Housing

The City of Toronto generally applauds the efforts of CMHC in responding to the needs of the disabled in the area of non-profit, co-operative and group homes. However, we recommend that the CMHC not be limited to producing five percent of its units as mobility accessible. Design of CMHC units should reflect the need for ever increasing flexibility.

Independent Living

The Federal Government should promote independent living over institutionalization. The current crisis in the City of Toronto around ex-psychiatric patients is the perfect illustration of the concern raised by the Canadian Mental Health Association that de-institutionalization is occurring without proper funding being transferred into alternative support programs in the community (Recommendation 75).

We support the Special Committee's requirement that a central directive must be clearly and forcefully given to ensure that all Federal space is accessible. We also support this Committee's original recommendation that no Federal funds should be expanded unless accessibility is guaranteed. Very often, through inadvertence, the review of accessibility does not include a practical testing by disabled people who are supposed to use the facilities. It is not enough for an architect or designer to simply go through a written description of standards to be met. We have often had the experience of accompanying a disabled client in a public building to what was described in advance as being "accessible" and turned out to be just the opposite (Recommendation 78).

Public Areas

The City of Toronto looks forward to the continuing effort to retrofit Federal buildings to make them more accessible to the handicapped (Recommendation 79) and the consultation with disabled persons when upgrading Government buildings (Recommendation 80) and the revision of the National Building Code (Recommendation 81) to include comprehensive standards of accessibility.

Transportation

While the development of a national policy on transportation for the disabled is a laudable exercise (Recommendation 83) it is not enough to presume to develop this policy in any one jurisdiction. The handicapped person must be able to presume that reasonable access will be available at the interface of the different forms of transportation not just on the transportation device (bus to subway to train to aircraft to ground transportation etc.). The City of Toronto recommends that a representative group of people be selected to develop a national transportation policy. This group should include transportation experts from every level of Government, the disabled and others capable of making the necessary changes. It is expected that reasonable access for the disabled includes all forms of handicap (Recommendations 83, 84 and 85). The City of Toronto supports the concept of including the cost of a travelling attendant (Recommendation 88) in the tariff rather than burden the handicapped individual or the seeking of a subsidy and that the determination of who requires attendant care be simplified thus reducing the possibility of punitive judgements at points of departure.

Because the devices, such as wheelchairs, necessary for personal transport are very personal the City of Toronto supports the position that any person who requires his/her personal vehicle (aid) have access to this vehicle (aid) as much as possible while en route. It is therefore recommended that any means of transport under the jurisdiction or influence of the Federal Government be required to store these personal vehicles (aids) so that they are readily accessible when needed.

The question of "reasonable access" is most crucial to the handicapped person who seeks a sense of mobility within Canada. The concept of a universal system of accessible interfaces between transport devices is a goal the transportation systems must seek to provide this necessary sense of mobility. It must be ultimately stated that mobility within our society is a right not a privilege.

Recreation

Every effort should be made to provide more and better recreation programs for disabled persons. However, it is imperative that disabled persons or organizations representing the views of disabled persons be involved in determining the need for such programs and have input into the nature and scope of the recreation programs planned. Often the "professional" plans programs for this particular group and fails to have the users actively involved in the planning and implementation of such programs. In order that suitable programs, programs which meet the recreational needs of the target group or groups, are developed those who will actually be participating in the programs must be involved throughout the entire process.

With respect to having public facilities accessible to disabled persons, this should be of prime concern. The City of Toronto adopted a policy in 1975 which stated in part that "all new buildings be designed and built to accommodate the wheelchair user and that all existing buildings serving the public...be modified as quickly as possible to accommodate the handicapped." Since that policy was adopted, numerous new facilities have been built which are totally accessible to disabled persons and a number of existing facilities have been renovated to make them accessible. It is the opinion of this group that the Federal Government should adopt a similar policy with respect to its buildings.

Every effort should be made to integrate disabled persons into existing sports activities. However, recognition should also be given to the special needs of disabled athletes and organizations which are able to advocate on their behalf should be maintained. Certainly, all sports organizations for the able-bodied should be providing services to the disabled sport organizations. Every effort should be made to make the able-bodied sports organizations aware of the abilities of disabled athletes and as well they should be made aware of the special needs of this particular group.

Education

Although the Federal Government has no direct jurisdiction over teacher training courses or professional schools and facilities, it has indirect influence through financial and technical support. As Ontario is moving towards a system of integrating disabled students into the mainstream educational institutions, it is crucial that Recommendation 95 be implemented.

The Government is to be congratulated on its $300,000 grant which has enabled the establishment of a sign language studies program at the University of Ottawa. It is hoped that this program will be expanded to other universities, and we suggest that deaf individuals be allowed to gain credit from these courses as we cannot assume that all deaf people use, or are proficient in, sign language.

Aids and Devices

Technology offers tremendous new opportunities to increase the independence and quality of life for disabled persons. It is clear that this opportunity is not being realized fully in Canada and that disabled people are therefore handicapped to an unnecessary degree. Recommendations 61 and 98 identify key elements required to change this unfortunate situation.

There is a lack of awareness of technological solutions by both the consumers and the health care professionals. This implies the need for an information network. However, it is important to recognize that a directory or information bank will not by itself achieve the goal. Solutions to the complex problems of individual disabled persons require highly interactive systems bringing them into direct contact with knowledgeable occupational therapists and rehabilitation engineers in surroundings where they can evaluate a wide range of technical aids directly. This showroom approach has been found to be effective in the US and Britain but has not been developed in Canada with the notable exception of the Kinsman Centre in British Columbia. We are of the opinion that the establishment of regional showrooms integrated into a nationally based information network deserves greater emphasis.

There are three steps that are necessary in order to have a service to provide aids:

1) An information system that provides health care workers and the public with data on available products and services;

2) Sufficient providers with adequate levels of training and physical resources to facilitate appropriate choices of hardware and adopt or manufacture devices; and

3) Money to buy the aids.

Recommendation 98 deals with the third of these issues and the Special Committee appears to express some disappointment that the government is not pressing the provinces firmly enough to take some initiative in this area as a condition of federal funding for provincial health programs. We support this need to press for action in this area.

There are other things that can be done by the Federal Government to help with the other two aspects of this problem. Some initiative could be taken by the Federal Government to explore the setting up of a federal information system on technical aids (see also comments on Recommendation 61). Also there is a need to support training of rehabilitation personnel in the technical aids field more vigorously at the federal level by for example appropriate action of the National Training Act (Bill C-115) to support training programs in these areas.

Good progress seems to be being made in the area of standards of quality for aids and devices for disabled persons. The following standards are already underway:

1. Lifting devices (published);

2. Prosthetic and orthotics terminology (at the publishers);

3. Electrical Aids (at the publishers);

4. Wheelchairs (preliminary standard); and

5. Adaptive devices for automobiles (preliminary) perhaps will adopt VA standard.

The Canadian Standard Association has been encouraged to become involved in the rehabilitation engineering field more extensively and funds appear to have been made available. It is now playing a leading role in the world in this field and this clearly represents a positive outcome from the Obstacles Report.

Institutional Living

The City of Toronto urges Health and Welfare to continue its efforts to establish the appropriate standards of care for long-term institutional settings. The City of Toronto is interested in developing a dialogue on how the different levels of Government could develop a common assistive statement on de-institutionalizing disabled patients.

Changing Attitudes

The City of Toronto is strongly committed to the concept of developing an increasingly more positive image of the handicapped. Although the City is disappointed that the Post Office has not yet provided a rehabilitation stamp it expects that a stamp will be provided and that every level of Government will provide innovative methods of enhancing the image of the handicapped person.

Prevention of Disabilities

A National Policy on Prevention of Disabilities should not be isolated from the greater issue of developing a National Policy on all facets of disabilities. However, preventing is the first component in a multifaceted approach.

Because many of the approaches to prevention (creating an awareness, promoting a preventive concept, educating and advocating) are generalizable to the Country generally, the City of Toronto requests that the preventive policy include the development of promotion, education and advocacy materials, and strategies, and that this material be made available to any municipality upon request.

The concept of prevention is a cornerstone of the new City of Toronto public health philosophy as it appears in Public Health in the 1980's (a City of Toronto policy document). As an indication of the importance of the preventive concept the City is prepared to discuss the possibility of providing resources, on a sharing basis, with the Federal Government to assist in the development of long-term preventive strategies and prevention resource materials.

Research and Development

Reinforcing the priority of rehabilitation engineering research to aid the disabled is by itself not sufficient action to ensure increased research activity in this area. Research funding in Canada is largely allocated on the basis of a research grant competition with peer review. Obviously if the quantity of research is to increase it is necessary to ensure that there are sufficient research workers writing these proposals and that they have adequate training and experience to enable them to prepare proposals that may compete successfully.

The major difficulty in this area is a lack of continuity and funding for research workers in this field. The present system of project-based funding does not enable competent research teams to be developed and held together. A new approach is required that would provide core level funding for rehabilitation engineering research and development teams.

We are not suggesting that the present system of project based funding should be eliminated. We are however, suggesting that there is a need to fund the infrastructure that is necessary to enable this field to compete with other areas of science for funding from peer review sources.

We are of the opinion that this blending of funding systems would provide equal or improved accountability for the funds and would also allow the performance of research teams to be viewed in a more comprehensive fashion since the progress of development projects would be able to be monitored in a continuous and consistent fashion from conception to final completion including, if appropriate, transferred to the industrial sector.

Although undoubtedly there is room for improvement in the resources that are available in Canada to help children with disabilities, there is frequently an arbitrary age limit for eligibility. For example, children may attend the Ontario Crippled Children's Centre where there are very extensive technical resources available to support them. When young adults are discharged from centres of this type they are frequently admitted to long-term hospitals that are mainly occupied by geriatric patients and are not nearly as well equipped. It is important to emphasize the need to improve the resources that are available to the adult physically disabled at least to the level provided for the children.

The Federal Government could emphasize this need when discussing health care planning with the provinces. For example, the new Assistive Devices Program of the Province of Ontario funds technical aids for people up to the age of 18 only. It would be appropriate for the Federal Government to reinforce the need to extend this age limit.

Data Base Development

The inclusion of a question about disability on the 1981 census is an important step towards the development of a data base. The long-term plan of inclusion of questions about disability in the

Labour Force Survey and the proposed follow-up to the 1986 census could provide information for improved planning of services and the environment. The methodology, that is the phrasing of the questions and the sampling, is essential to ensure an accurate picture. Disability should be defined in functional rather than clinical terms.

November 1982

A group of people with specific interest and expertise in matters pertaining to handicapped persons was assembled at the invitation of Alderman Anne Johnston, Chairman, Local Board of Health, City of Toronto. This group met to review the Report of the Special Committee on the Disabled and Handicapped (Government of Canada) entitled Obstacles: Progress Report. This progress report of June 1982 considered the progress and obstacles to progress towards the implementation of the approximately 130 recommendations for assisting disabled and handicapped Canadians found in the February 1981 report Obstacles.

The attached report considered:

a) the report Obstacles: Progress Report (Government of Canada, June 1982);

b) the report Obstacles (Government of Canada, February 1981);

c) the review of the Working Committee of the Mayor's Task Force on the Disabled and Elderly (City of Toronto, October 1981);

in commenting on both the strengths and weaknesses of the progress towards implementation.

RECOMMENDATION 1:

That physical handicap be made a proscribed ground of discrimination for all discriminatory practices listed in the Canadian Human Rights Act, and not just for discriminatory employment practices.

That the Canadian Human Rights Act be further amended so that Tribunal orders can be made with respect to access to goods, services, facilities and accommodation, and that it include a qualification that the changes ordered by a Tribunal should not impose undue hardship on the respondent.

That mental handicaps (learning disabilities, retardation or mental illness) and a previous history of mental illness or a previous history of dependence on alcohol or other drugs be added to the proscribed grounds of discrimination under the Canadian Human Rights Act (CHRA).

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

RECOMMENDATION:

That the Government of Canada respond to the following resolution as adopted in plenary at the National Conference on Law and the Handicapped, August 30, 1981 by amending the Canadian Human Rights Act.

WHEREAS SUCCESSIVE THRONE SPEECHES HAVE COMMITTED THE GOVERNMENT OF CANADA TO AMENDING THE CANADIAN HUMAN RIGHTS ACT TO PROVIDE COMPREHENSIVE PROTECTION FOR THE RIGHTS OF PERSONS WITH DISABILITIES, AND

WHEREAS THE PROPOSED AMENDMENT HAS BEEN AGAIN DELAYED BY THE FEDERAL GOVERNMENT, AND

WHEREAS THE SPECIAL COMMITTEE ON THE DISABLED AND THE HANDICAPPED ESTABLISHED BY THE PARLIAMENT OF CANADA CALLED FOR THE IMMEDIATE PASSAGE OF SUCH AN AMENDMENT

BE IT RESOLVED THAT THE CONFERENCE GO ON RECORD STRONGLY CONDEMNING THE FEDERAL GOVERNMENT'S REFUSAL TO ACT AFFIRMATIVELY IN THIS MATTER.

RECOMMENDATION 2:

(A) That The Canadian Human Rights Commission (CHRC), in consultation with appropriate consumer groups, develop and publish Guidelines to:

- Confirm and clarify their present administrative practice of hearing similar complaints simultaneously;
- Define methods of establishing "class" for beginning class action complaints to the Commission.

(B) That the Canadian Human Rights Commission should develop precise Guidelines on the scope of "undue hardship" as an exemption from the Act; these Guidelines should be published when the Committee's suggested amendment to the Canadian Human Rights Act is passed.

GOVERNMENT OF CANADA COMMITMENT:

(A) Committed

(B) Not Implemented

CITY OF TORONTO RESPONSE:

(A) The City of Toronto applauds the Government of Canada commitment.

(B) The City of Toronto agrees with the Committee that the Bona Fide Occupational Requirement Guidelines (1982) are an acceptable legal standard for interpretation of the Act.

RECOMMENDATION 3:

That the Canadian Human Rights Act be amended to stipulate a shifting onus of proof so that once the complainant has made out a prima facie (reasonably believable/reasonably sound) case of discriminatory practice, the onus of proof shifts to the respondent to prove that discriminatory practices did not occur.

GOVERNMENT OF CANADA COMMITMENT:

Withdrawn - Not necessary

CITY OF TORONTO RESPONSE:

The Administrative Criteria on "physical handicapped and employment" are complex but well formulated. The City of Toronto agrees with the Committee's conclusion that the amendment in not necessary.

RECOMMENDATION 4:

That the Canadian Human Rights Act be amended to add a primacy clause stating that, as a matter of statutory interpretation, the Act shall be applied unless Parliament expressly exempts the legislation from the Canadian Human Rights Act.

GOVERNMENT OF CANADA COMMITMENT:

Withdrawn

The Canadian Charter of Rights and Freedoms eliminates the need for such a clause.

SPECIAL COMMITTEE'S RESPONSE:

This will continue to be an area of uncertainty until some definitive judgements have been made.

CITY OF TORONTO RESPONSE:

The City of Toronto disagrees with the Committee's decision on this particular recommendation. It cannot be assumed that the protection in section 15 is entrenched in the Charter. The Committee has not taken into consideration the wording in the "override" clause, section 33, which gives any provincial or federal government the full right, with no restrictions, to "opt out" of any obligation to respect section 15. That is to say, section 15 is not really entrenched in the Charter to the same extent as some of the other rights and freedoms and therefore disabled people are not in a position to feel that they have attained a hard-to-remove definition of "right". The effect of adding a primacy clause to the Canadian Human Rights Act would be to give disabled people a possible alternative in situations covered by the federal Act where the federal government has opted out of its responsibilities under section 15 of the Charter.

RECOMMENDATION:

That the Canadian Human Rights Act be amended to add a primacy clause stating that, as a matter of statutory interpretation, the Act shall be applied to all other federal legislation unless Parliament expressly exempts such legislation from the Canadian Human Rights Act.

RECOMMENDATION 5:

That the Federal Government proceed in developing legislation, together with the appropriate machinery and programs, to establish a postal vote system similar to the one that is successfully in effect in Manitoba.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto supports the development of a postal vote system for the purpose of assisting the handicapped to vote.

RECOMMENDATION 6:

That the Chief Electoral Officer be directed to immediately cease the present policy of centralizing polls and to accommodate, as fully as is reasonably possible, the mobility problems of disabled persons, including persons with disabilities due to aging.

That the Canada Elections Act be reviewed and amended to reflect the fundamental principle that elections are conducted for the convenience of all voters, including the disabled and aging; amendments should include provision for special polls at hospitals and nursing homes, the location of polls in apartment buildings, and should remove the discretionary power to centralize polls, contained in Section 33(6).

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto repeats its original position that easily accessible polling stations must be made available.

RECOMMENDATION 7:

That the Chief Electoral Officer be directed to arrange, in consultation with disabled persons and their organizations, orientation sessions on the needs of disabled persons for Deputy Returning Officers and their staffs.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto supports the intent of this recommendation.

RECOMMENDATION 8:

That the question of accessibility to polling stations, voting booths, and the offices of Returning Officers and Deputy Returning Officers be referred to the Standing Committee on privileges and Elections.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto, as per its original submission to the Standing Committee, supports the need to provide complete accessibility to all polling stations.

RECOMMENDATION 9:

That the Federal Government amend the Canada Elections Act to reduce the number of people disqualified from voting by reason of "mental disease", by providing clear criteria for determining the specific cases where exclusion from the democratic process is absolutely justified.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

RECOMMENDATION:

That the Canada Elections Act be amended to reduce disqualifications because of "mental disease".

RECOMMENDATION 10:

That the Federal Government direct the Department of Justice to consult with medical authorities to develop appropriate legal terminology relating to mental disability for use in legislation.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto applauds the Government of Canada's commitment.

RECOMMENDATION 11:

That the Federal Government through the Department of Justice, and in consultation with provincial health authorities, reform the Criminal Code provisions relating to mentally disabled persons, in order to:

- Develop and implement a new procedure to replace the Lieutenant-Governor's Warrant, and provide special facilities and treatment of the mentally disabled who are sentenced by the courts;
- Define the rights before the law of mentally ill persons;
- Establish fair and appropriate procedures for all stages of the criminal process when mentally disabled accused are involved; that is, arrest, bail, fitness to stand trial, the finding of criminal responsibility, and disposition.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

SPECIAL COMMITTEE'S RESPONSE:

The Committee urges the Department of Justice to complete the discussion paper as quickly as possible, and upon completion to take the necessary steps to initiate legislative changes.

CITY OF TORONTO RESPONSE:

The Canadian Law Reform Commission has already made thorough and thoughtful recommendations in this regard.

It is the understanding of the City of Toronto that the project begun in 1977 has really been finalized, that is, the recommendations have been made to senior officials and the report is being held. The City adds its voice to those urging the Department of Justice to complete and release its discussion papers and to take the necessary steps to initiate legislative changes.

RECOMMENDATION 12:

That, pending the replacement of the present legal system of Lieutenant-Governor's Warrants, the Federal Government request the Minister of Justice to meet with provincial authorities in order to review the operation of the warrants, with particular reference to:

- The functioning of review boards, particularly where cases of mentally retarded persons are being considered;
- The individual cases of persons presently being held in indefinite detention under Lieutenant-Governor's Warrants.

GOVERNMENT OF CANADA COMMITMENT:

Committed

Department of Justice to release a discussion paper this year.

CITY OF TORONTO RESPONSE:

Releasing a discussion paper on this topic is not enough. The Law Reform Commission has already prepared very comprehensive research papers and accompanying recommendations which have not been implemented by the Government. This same issue is currently before the Liaison Committee of the Canadian Bar Association/Canadian Medical Association. It is necessary to accompany the release of a discussion paper with a plan for concrete action.

RECOMMENDATION:

That any discussion paper released by the Department of Justice include a concrete proposal for implementation and action.

RECOMMENDATION 13:

That the Federal Government encourage the provinces to review their mental health acts at regular intervals with input from the public in order to reflect current thinking regarding rights of and treatment for mentally/emotionally disabled persons.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

CITY OF TORONTO RESPONSE

The City of Toronto applauds the Federal-Provincial initiative.

RECOMMENDATION 14:

That the Federal Government encourage all provinces to include in their human rights legislation the right to an education that ensures disabled children the opportunity to reach and exercise their full potential.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

CITY OF TORONTO RESPONSE:

There is material available dealing with Ontario's Bill 82 and the practical problems in enforcing the "right" which it allegedly provides. This may not be an appropriate response to the Committee but the information is available if wished.

RECOMMENDATION 15:

That the Federal Government, through the Department of Justice, in consultation with disabled consumer groups and provincial governments, develop plans and take effective steps to improve disabled persons' access to the legal system.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto appreciates the continued review of this proposal to provide for education programs, for both the handicapped and the deliverers of legal services, about the law and the disabled. The City further appreciates the action of the Attorney General of Ontario with his appointment of Her Honour Judge Rosalie Abella to perform a one person investigation into this area.

RECOMMENDATION:

The Special Committee provide a written respresentation to Her Honour Judge Abella, c/o Attorney General of Ontario, Queens Park, Toronto, Ontario, on the matter of improving disabled persons' access to the legal system.

RECOMMENDATION 16:

That the existing federal-provincial cost-sharing agreements for legal aid be expanded to include legitimate proceedings related to the Canadian Human Rights Act, brought before federal tribunals and courts.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

SPECIAL COMMITTEE'S RESPONSE:

RECOMMENDATION:

That the Department of Justice make specific provisions for financial assistance to the disabled consumers and groups for cases to be brought under the Charter of Rights and Freedoms.

RECOMMENDATION 17:

That the Federal Government phase in a system whereby disabled persons, employed in sheltered work settings or elsewhere, under federal jurisdiction, will be entitled to receive at least minimum wage under the Canada Labour Code.

That the provinces be encouraged to introduce similar measures, following the lead of Quebec.

That in all cases there be close coordination to ensure appropriate placement of persons either in sheltered work settings, or in adult activity centres (which are not subject to minimum wage requirements).

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto applauds the efforts of the Minister of Labour in developing amendments to the Canada Labour Code to be tabled in the next Session of Parliament..

RECOMMENDATION 18:

That, as a condition of cost-sharing under the Canada Assistance Plan, the Federal Government require each province, where it has not already done so, to establish a review mechansim for Adult Occupational Activity Centres which provide daytime activities, not subject to a minimum wage requirement, for those individuals who cannot function in a sheltered work setting.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

RECOMMENDATION:

The City of Toronto, like the Special Committee, encourages the Minister of National Health and Welfare to host a national meeting on this topic.

RECOMMENDATION 19:

That the Federal Government require all Departments, Agencies and Crown Corporations to expand or implement Affirmative Action Employment Programs to include:

- Special orientation, recruiting, training and job advancement plans for disabled persons;
- A timetable for implementation;
- Ongoing review and updating of the Programs;
- Regular reporting to an Affirmative Action Compliance Board charged with the initial approval of the Programs;
- Annual public reports.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee and urges the Federal Government to implement this recommendation.

RECOMMENDATION 20:

That progress in the implementation of the Affirmative Action Programs be made part of the criteria of ongoing evaluation of senior management, including deputy heads, in all Departments, Agencies and Crown Corporations of the Federal Government.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee. The City of Toronto has passed the following recommendation for its own managers:

"That a senior manager in each Department be assigned the responsibility for implementation of the Equal Opportunity Program and this responsibility be included in his/her job description and that he or she be rated on this aspect of job performance".

RECOMMENDATION 21:

That the Federal Government, in its special hiring practices for the disabled, broaden the definition of "handicap" to include persons who have had a mental disability, or who have a learning disability.

That the Federal Government either broaden the mandate of an existing organization -- the Advisory Committee to the President of the Treasury Board on the Employment of the Handicapped -- to include representation of persons with mental disabilities, or create a new advisory committee to advise the Federal Government about the needs of persons with mental disabilities.

GOVERNMENT OF CANADA COMMITMENT:

(A) Not Implemented

(B) Not Implemented

CITY OF TORNOTO RESPONSE:

The City of Toronto agrees with the Special Committee that the Federal Government broaden the definition of "handicap" in special hiring practices.

RECOMMENDATION 22:

That, in addition to making the workplace accessible, the Federal Government undertake specific measures to support the development and implementation of Affirmative Action Programs in the public sector which would include:

- The establishment of a small bank of basic aids and devices for use by Departments, Agencies and Crown Corporations. This bank should be developed in consultation with disabled persons and their organizations.
- The provision of technical and professional assistance in the development of Affirmative Action Programs.
- The provision of intervenor or attendant services when necessary.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto applauds the Government for implementing this recommendation. This provision of attendant services when necessary is part of the recommendation but it is not made clear if this part has been implemented. This need has been recognized by the City of Toronto and attendant care is presently being funded.

RECOMMENDATION 23:

(A) That the Federal Government expand to other Departments, Agencies and Crown Corporations the current home employment program operated by the Department of Supply and Services, which provides work at home to disabled persons unable to come to the workplace.

(B) That any individual so employed for 20 hours or more per week be entitled to the same status and benefits available to an employee who works 20 hours or more in the workplace.

GOVERNMENT OF CANADA COMMITMENT:

(A) Implemented

(B) Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto recognizes that home employment may be the only option for some disabled persons and agree that work should be provided for them with any aids they may need. However, we recommend that the implications of the expansion of home work be carefully reviewed. We believe that the major emphasis should be the integration of disabled persons into the mainstream workforce when that is the desired aim of the individual.

We agree with the Special Committee on the provision of status and benefits for workers in the home.

RECOMMENDATION 24:

That the Federal Government amend the Public Service Employment Act in order to protect Federal employees who have a prolonged absence from work because of disabling illness or injury by:

- Ensuring that such employees are given preferential consideration to return to former or similar employment;
- Providing for transitional arrangements to facilitate the return of these individuals to the workplace;
- Ensuring that such persons have full access to all the services and aids provided in the proposed Affirmative Action Program.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee. Outreach recruitment programs to hire disabled persons will not gain support from existing employees unless there is a commitment from the employer to put its own house in order by assisting its own disabled employees.

RECOMMENDATION 25:

That every employer under federal jurisdiction (as defined under the Canada Labour Code) having 100 or more employees be required to undertake an Affirmative Action Program to facilitate the hiring and promotion of qualified disabled persons.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto is disappointed that no action has been taken.

RECOMMENDATION 26:

That the Federal Government establish a policy of contract compliance which will require that government contracts

- With firms employing 100 persons or more; and
- Where the value of the contract is $20,000 (indexed to Consumer Price Index) or more,

must contain a clause in which the contractor agress to adopt and implement an Affirmative Action Program for disabled persons.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee and is disappointed that no action has been taken.

RECOMMENDATION 27:

That the Federal Government establish an Affirmative Action Compliance Board, or designate an existing agency, to exercise authority in the following areas:

Federal Affirmative Action:

- Develop guidelines and procedures for implementing and enforcing the affirmative action programs described in Recommendations 19 and 25.
- Provide consultation and technical assistance to employers carrying out these plans.
- Approve plans and monitor implementation.
- Report discriminatory practices to the Canadian Human Rights Commission.

Contractors Affirmative Action:

- Develop guidelines for contract compliance, and provide for exemptions where necessary, as described in Recommendation 26.
- Provide consultation and technical assistance as required.
- Receive and investigate complaints, and refer them for action to the agency of government involved in the contract, or the appropriate human rights agency.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee and is disappointed that no commitment has been made.

RECOMMENDATION 28:

That the Governor in Council pass regulations under Section 19 of the Canadian Human Rights Act, to require non-discrimination terms to be included in all Federal contracts, licenses, and grants.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee and regrets that this recommendation has not been implemented and reaffirms its support for contract compliance and related recommendations.

RECOMMENDATION 29:

That the Federal Government direct the Minister of Employment and Immigration to establish, within that Department, a group at the most senior level that would be responsible for the development and strategic implementation of policies and programs aimed at the employment of the handicapped.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto is pleased that there is a strong commitment.

RECOMMENDATION 30:

That the Federal Government give priority in its purchasing policy in order to ensure that a significant amount of goods and services required by Federal Departments, Agencies and Crown Corporations will be provided by firms and organizations established specially to provide employment opportunities to disabled persons. This policy should include such measures as:

- Ways and means to expand the industrial capacity and competitiveness of these special suppliers, such as long-term contracts and low-interest loans.
- "Set Aside" products and services which are exclusive purchasing contracts that will provide an element of security and continuity to this type of organization.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

We agree with the Special Committee.

RECOMMENDATION 31:

That the Federal Government ensure that its industrial development grants and small business loans and other incentives to small businesses and cooperatives, and its programs for industrial and regional development are available to disabled persons and their organizations. To this end, the Federal Government should establish an interdepartmental committee to review the current situation to make specific recommendations to correct the situation.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee that the Government should move as quickly as possible to implement this recommendation.

RECOMMENDATION 32:

That the Federal Government explore with the Provinces and farm organizations, ways to increase the employment opportunities for disabled persons in the agricultural sector.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee that employment opportunities in the agricultural sector be explored as long as disabled persons recruited for these jobs are those who desire agricultural work.

RECOMMENDATION 33:

That the Federal Government increase the effectiveness of its services to disabled persons by implementing the following measures;

- (A) Accelerate the current program to make all Canada Employment Centres (CEC) accessible by December 31, 1983.
- (B) Increase substantially the number of Special Needs Counsellors across the country; however, disabled persons should not be obliged to use these counsellors exclusively, but may use the full range of regular services.
- (C) Ensure that all CEC personnel are exposed to orientation or training sessions.
- (D) Ensure that the personnel evaluation process special recognition be given to counsellors placing disabled persons in jobs.
- (E) Ensure that the services provided by the major CECs are available to the visually and hearing impaired.

GOVERNMENT OF CANADA COMMITMENT:

(A) Committed

(B) Under Consideration

(C) Under Consideration

(D) Implemented

(E) Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto is pleased that there is an increasing commitment by CEIC to improving accessibility and services to disabled persons. However, we agree with the Special Committee that hearing and visually impaired persons are not yet being adequately serviced and that this should be a priority.

RECOMMENDATION 34:

That the Federal Government improve the programs and service to disabled persons by implementing the following measures:

- Establish an Advisory Committee on Employment of Disabled Persons in the Private Sector, with representation from business, government and labour. This Committee should advise the Minister of Employment and Immigration on all matters relating to training, placement and job creation which fall within the Minister's mandate; similar committees should be established in each region and at the local Canada Employment Centre (CEC) level;
- The Federal-Provincial Manpower Needs Committee be asked to play a coordinating role between the two levels of government and the private sector to increase the opportunities for employment of disabled persons in the private sector.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto is pleased that a strong commitment has been given to this recommendation.

RECOMMENDATION 35:

That the Federal Government give high priority to the needs of disabled persons within the following programs;

- (A) Industrial Training Program -- Special Needs
- (B) Local Employment Assistance Program (LEAP):
- (C) Grants and contribution to organizations of the disabled;
- (D) Community Services Program;

In addition, the Federal Government should:

- (E) Continue the Employee Tax Credit Program for employers embarking upon Affirmative Action Programs;
- (F) Revamp and expand the Outreach Program to make it more responsive to the disabled community and to ensure longer-term financing;
- (G) Ensure that summer employment programs, student trainee programs and job creation programs allow for the particular needs of disabled persons in their funding arrangements.

GOVERNMENT OF CANADA COMMITMENT:

(A) Committed

(B) Implemented

(C) Under Consideration

(D) Implemented

(E) Implemented

(F) Under Consideration

(G) Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto applauds the Federal Government's action on this recommendation.

RECOMMENDATION 36:

That employers and labour unions in the private sector be encouraged to ensure that disabled workers are provided employment opportunities, income and job security, by including measures in personnel policies or collective agreements to this end, such as:

- Special re-training plans,
- Transitional arrangements, including training or retraining, to facilitate return to the workplace;
- Preferential arrangements or guarantees to ensure return to a former job or suitable alternative.

GOVERNMENT OF CANADA COMMITMENT:

No Jurisidiction

CITY OF TORONTO RESPONSE:

Although the Federal Government has no direct jurisdiction it can and should influence private sector employers to make changes in their personnel practices.

RECOMMENDATION 37:

That the Federal Government replace the Vocational Rehabilitation of Disabled Persons Act (VRDP) with new legislation which will enable it to share in the costs to the provinces of providing a comprehensive range of employment services to disabled persons, including prevocational services, the vocational rehabilitation services now covered under VRDP, job creation activities and services to help maintain employment;

That sheltered workshops or similar work settings funded under this legislation pay the provincial minimum wage to their disabled workers and that their boards include a substantial number of disabled persons or their representatives;

That, as a condition of funding, the Provinces be required to establish an independent agency, where they have not already done so, to monitor the conditions in sheltered settings and that this agency include representatives from the disabled community, parent groups, business and organized labour.

That this legislation be administered by the Canada Employment and Immigration Commission to ensure closer integration with the Commission's programs and services, and

That the Federal share under the legislation vary according to the province's economic situation as measured by its unemployment rate and the number of persons on social assistance.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee and reiterate the Mayor's Task Force emphasis on the issue of minimum wage for workers in sheltered workshops.

RECOMMENDATION 38:

That legislation replacing the Post Office Act include provisions requiring the Post Office to implement an Affirmative Action Employment Program, and to adopt a policy of purchasing a significant amount of goods and services from firms and organizations established specifically to provide employment for disabled persons.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee that compulsory affirmation programs in Crown Corporation are necessary and, like them, are not convinced that voluntary compliance will occur.

RECOMMENDATION 39:

That the Federal Government gradually establish a Comprehensive Disability Insurance Program which would be integrated with the present system of Canada Pension Plan/Quebec Pension Plan(CPP/QPP) benefits and which would:

- Eventually cover all disabled employees, spouses and dependents;
- Be actuarily sound and paid for out of an expanded premium structure and CPP/QPP;
- Be indexed to the Consumer Price Index.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

This recommendation is extremely important, both in terms of the need for expeditious implementation and the way in which the implementation is carried out. An overriding problem that disabled people face is inadequate income. Despite the acknowledgement that disabled people incur more expense as a result of their disability, a single person on GAINS -D in Ontario receives only $414.00 per month, which is even less than a single elderly person receives ($529.28 including GIS). These pensions place both elderly and disabled people well below the poverty line. Any insurance plan should ensure that the base level of pension is above the poverty line and then be indexed to the rate of inflation.

RECOMMENDATION 40:

That the Federal Government, as a first step towards a Comprehensive Disability Insurance Program, expand the Canada Pension Plan as follows:

- (A) To increase the "flat rate" component of the disability pension to an amount at least equal to that of the Quebec Pension Plan;
- (B) To change the definition of disability so that it will exclude fewer people;
- (C) To allow earnings on a sliding scale while in receipt of benefits;
- (D) To provide for special needs for disabled pensioners.

GOVERNMENT OF CANADA COMMITMENT:

(A) Committed

(B) Not Implemented

(C) Not Implemented

(D) Not Implemented

CITY OF TORONTO RESPONSE:

The implementing of "A" of this recommendation (the increase of the flat rate component of CPP from $70.68 a month to $227.73 per month, which is the level of the Old Age Security benefit, with the earnings - related component be raised for 1982 from $230.74 to $307.65, with the contributory requirement being lowered from 3 years to 2 years), works towards providing disabled people with an increased income. However, it still does not provide an adequate income for disabled people. If it is an indication of the level of future disability insurance plan, then it will be disappointing in its impact on the standard of living for disabled people.

RECOMMENDATION 41:

That, until the Comprehensive Disability Insurance Program takes effect, the Federal Government help offset the costs incurred due to disability, by sharing with the provinces the costs for an income tested flat-rate disability supplement, under the Canada Assistance Plan.

That consideration be given to the implementation of a cost-sharing formula for the disability supplement which would allow for varying federal contributions depending upon the province's financial situation.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

This does not appear to be substantially different than the existing assistance under the Canadian Assistance Plan (CAP).

RECOMMENDATION 42:

That, until the Comprehensive Disability Insurance Program takes effect, the existing Guidelines under the Canada Assistance Plan be modified as follows:

- The Liquid Asset Exemption should be substantially increased to allow for the additional costs related to a disability;
- The Earnings Exemption should be increased to enable a permanently disabled person who is working part-time to retain a larger share of his or her earnings;
- The Earnings Exemption Guidelines should allow for a longer transition from social assistance to employment, taking into account the nature of the disability, up to a period of two years.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The lack of implementation of these guidelines will work towards maintaining inadequate assistance levels for disabled people.

RECOMMENDATION 41:

That, until the Comprehensive Disability Insurance Program takes effect, the Federal Government help offset the costs incurred due to disability, by sharing with the provinces the costs for an income tested flat-rate disability supplement, under the Canada Assistance Plan.

That consideration be given to the implementation of a cost-sharing formula for the disability supplement which would allow for varying federal contributions depending upon the province's financial situation.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

This does not appear to be substantially different than the existing assistance under the Canadian Assistance Plan (CAP).

RECOMMENDATION 42:

That, until the Comprehensive Disability Insurance Program takes effect, the existing Guidelines under the Canada Assistance Plan be modified as follows:

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- The Earnings Exemption Guidelines should allow for a longer transition from social assistance to employment, taking into account the nature of the disability, up to a period of two years.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The lack of implementation of these guidelines will work towards maintaining inadequate assistance levels for disabled people.

RECOMMENDATION 43:

That the Federal Government discuss, with the Provinces, the provision of a minimum personal allowance to institutionalized disabled persons; that this allowance be an amount which adequately meets basic personal needs, and that it be indexed to the cost of living.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

This is an extremely important recommendation for those people in institutions. The Committee's concern about the lack of priority is well-placed.

RECOMMENDATION 44:

That, until a Comprehensive Disability Insurance Program takes effect, the Federal Government amend the Unemployment Insurance Act to:

- Provide an extended benefit period for unemployed disabled workers in addition to their basic entitlement;
- Increase the amount paid to an unemployed disabled worker from the current rate of 60% of an average weekly wage to 75%, in consideration of the extra costs incurred by the person in searching for new employment.

GOVERNMENT OF CANADA COMMITMENT:

Withdrawn

CITY OF TORONTO RESPONSE:

We concur with the withdrawal of this recommendation and agree that there does need to be some provision for extra expenses incurred by disabled people. However, a special unemployment insurance provision does seem appropriate.

RECOMMENDATION 45:

That the Federal Government proceed with the proposed Pension Conference and that it be held before the end of 1981.

That the background papers prepared for the Conference be available to the general public.

That the Conference examine all aspects of disability insurance, including the practice of reducing benefits under private plans where a beneficiary is, or becomes, entitled to benefits under a public plan.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The lack of a pension conference does not greatly concern us. The income needs have been clearly stated, and the implementation of an income maintenance system which would allow disabled people to live above the poverty line is the issue.

RECOMMENDATION 46:

That, in order to help offset the cost of disability, the Federal Government amend the Income Tax Act as follows:

That the current flat rate deduction be whereby a person may claim for himself/herself or a dependent the full cost of goods and services directly attributable to a severe and prolonged disability;

That those goods and services currently included in the medical expenses deduction and which are clearly attributable to a severe and prolonged disability be transferred to the proposed disability deduction; and

That a severe and prolonged disability refers to those persons who live at home and:

- Are covered presently by a flat deduction, or
- Are deaf or have a major hearing loss, or
- Are in receipt of full disability benefits under the Canada Pension Plan, Quebec Pension Plan, Department of Veterans Affairs or Workmen's Compensation, or
- Are or were registered in a provincial vocational rehabilitation program for disabled persons funded by the Federal Government.

or

That a refundable tax credit be provided if the disabled person's income is too low to take advantage of the entire deduction.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

It is disappointing to note that the tax exemptions which have been so clearly stated as being desirous have not yet been implemented. This is extremely important to disabled people who are working because their costs for working are usually higher than those of a non-disabled person.

RECOMMENDATION 47:

That the Federal Government amend the Income Tax Act in, order that a home owner may claim the following:

- A deduction based on the actual cost directly related to making a dwelling more accessible.
- A refundable tax credit, if no deduction or only a partial deduction was available because the home owner's taxable income was too low to take advantage of the entire deduction.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration.

CITY OF TORONTO RESPONSE:

The consideration of a tax exemption for the costs of home modification to facilitate accessibility is a step in the right direction, and combined with the extension of RRAP to include access modifications should allow more people to adapt their homes. However, there still needs to be an incentive for owners of commercial establishments and developers of rental accommodation to provide accessibility. Another aspect of this is the inability of non-profit organizations to have access to other than lottery funds to finance renovations for accessibility. For example, the United Church does not wish to use funds obtained through lotteries and consequently have no alternative public funds.

RECOMMENDATION 48:

That the Federal Government amend the Income Tax Act and the Regulations thereunder in order that an employer may deduct for each new disabled employee up to 85% of the first year's wages, 50% of the second and 25% of the third, and combined with

A refundable tax credit if no deduction, or only a partial deduction, was available because the employer's revenue was too low to take advantage of the entire deduction.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

Incentives aimed at encouraging the private sector to hire disabled people are key to the resolution of other problems. The best way to change attitudes is through exposure to disabled people in an environment which permits meeting as peers. As well, employed disabled people are in a much better position to resolve their own problems.

RECOMMENDATION 49:

That for importing aids, Revenue Canada make available to disabled persons and to disabled consumer groups, information clearly setting out:

- The technical aids which may presently be imported without payment of customs duties and federal sales tax;
- The documents and procedures required to import these free of duty and tax;
- A simple procedure and application for having additional items exempted from either duty or tax.

That customs officers be fully informed of the relevant exemptions for technical aids for disabled persons and procedures.

That the Federal Government amend the Customs Tariff and Excise Tax Act to provide a general category of technical aids exempt from customs duties, federal sales tax, or both.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto concurs with the recommendation.

RECOMMENDATION 50:

That the Federal Government take the necessary steps to participate in the protocol under the Florence Agreement and thereby exempt from customs and other duties those items needed by the physically and mentally disabled and imported from countries that are party to this Agreement.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

While it is encouraging that the Federal Government has exempted aids and devices required by disabled people from customs and other duties, it is discouraging a concerted effort is not made to provide information about the details to disabled people. It is our experience that excellent programs can be established but without the information being made widely available such programs are under-utilized.

Data Base Development

RECOMMENDATION:

That the Federal Government direct Statistics Canada to give a high priority to the development and implementation of long-term strategy which will generate comprehensive data on disabled persons in Canada, using population-based surveys and program data.

That, as part of this long-term plan, the following steps be initiated:

- A national conference be convened in 1983, to review the data needs in this area and to identify appropriate measures for inclusion in a long-term plan;
- A commitment to include in the 1986 Census, questions on disability, and a suitable follow-up questionnaire to generate data on disabled persons in Canada;
- Inclusion of appropriate questions in the Canadian Labour Force Survey, the Consumer Finance Survey and other major population-based surveys, to provide additional data on the socio-economic conditions of disabled persons in Canada.

RECOMMENDATION 50: (Cont'd)

The inclusion of a question about disability on the 1981 census is an important step towards the development of a data base. The long-term plan of inclusion of questions about disability in the Labour Force Survey and the proposed follow-up to the 1986 census could provide information for improved planning services and for an accessible environment. The methodology, that is phrasing of questions and the sampling is essential to ensure an accurate picture. Disability should be defined in functional and clinical terms.

RECOMMENDATION 51:

That the Federal Government direct the Minister of Communications, in consultation with disabled consumers and their organizations, to develop and publish a Communications Policy for Physically Disabled Persons, to ensure access to the same type of information and entertainment available to able-bodied persons.

That the Federal Government, in consultation with disabled consumers and their organizations, convene a national conference on "Communications and the Physically Disabled" as an important step in the policy development process.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

We agree with the recommendation of the Special Committee on the Disabled and Handicapped that the Federal Government establish a formal policy governing communication and disabled persons.

RECOMMENDATION 52:

That the Federal Government request the Canadian Broadcasting Corportation (CBC) to produce a few hours daily of radio reading programs of national interest to visually and print-handicapped persons in both official languages;

That the CBC transmit these programs, using existing capacity, and make them available to cable systems and local radio stations;

That Provincial Governments and local organizations be encouraged to fund and assist in the production of programs of local or regional interest;

That, as part of their community service programming, cable systems be required to provide a channel and facilities for a radio reading service.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto is disappointed that only three provinces appear to have reacted positively to this recommendation.

RECOMMENDATION 53:

That the Federal Government immediately amend the Copyright Act to exempt from infringement the non-profit transcription into other media of reading materials for the use of visually and print-handicapped persons.

That this exemption specifically allow for broadcast both on regular AM/FM channels, and on cable, of newspapers and periodicals, within a reasonable delay following their appearance on newstands.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto applauds the Federal commitment.

RECOMMENDATION 54:

That the Federal Government request the Canadian Radio-television and Telecommunications Commission (CRTC) to require all television broadcasters, as a condition of their braodcasting license, to provide a significant amount of Canadian and imported captioned programming within a reasonable period of time.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto, as does the Special Committee, recommends that the implementation of this recommendation be monitored over the next five years. If voluntary compliance provide captioned programming the industry is to be congratulated. However, if voluntary compliance does not prove to be successful then compulsary implementation must be mandated.

RECOMMENDATION 55:

That the Federal Government proceed immediately with the establishment or the funding of a centre to produce captioned programming in both official languages.

That the deaf and hearing-impaired community be fully involved in the management and the policy development of the centre.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee that the Federal initiative be applauded.

RECOMMENDATION 56:

Your Committee applauds the initiative taken by Bell Canada in proposing, and the Canadian Radio-television and Telecommunications Commission (CRTC) for approving on an interim basis, a 50% discount on customer-dialed intra-Bell long distance rates for hearing-impaired customers who need a teletypewriter (TDD) unit to communicate over the telephone.

Your Committee therefore recommends:

That all Canadian telephone companies be encouraged to apply for a similar rate reduction;

That the CRTC approves substantial rate reductions on a permanent basis;

That reduction be available to hearing-impaired persons whether using a residence or other telephone;

That the reduction be extended to the speech-impaired who also need a TDD unit to communicate over the telephone;

That provincial telephone regulatory agencies be encouraged to adopt a similar policy.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee, and urges the Minister of Communications to continue to solicit the assistance of the Provincial Governments.

RECOMMENDATION 57:

That the Federal Government recommend to the Canadian Radio-television and Telecommunications Commission (CRTC) that special equipment required by physically disabled persons to facilitate their use of the telephone be included in the basic monthly charge.

That provincial telephone regulatory agencies be encouraged to adopt a similar policy.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee.

RECOMMENDATION 58:

That Federal Government offices (Departments, Agencies and Crown Corporations) in major centres which are listed in the public telephone directory be equipped with at least one teletypewriter (TDD) such as the Visual Ear, in order to provide telephone access to hearing and speech-impaired persons.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee.

RECOMMENDATION 59:

That the Federal Government require the installation of sound amplification systems (audio-loop, FM or infrared) in all of its conference and theatre facilities for the benefit of hearing-impaired persons.

That provincial and municipal authorities and private enterprises be encouraged to install this equipment in their facilities.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee.

RECOMMENDATION 60:

That the Federal Government direct the National Library to proceed immediately with a program to coordinate reading services for visually and print handicapped persons.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee.

RECOMMENDATION 61:

That the Federal Government, in cooperation with the Provinces and the private sector, assist in the establishment of a Canadian Information Resource Centre on Disability to link up and coordinate information resources and to assist regional showrooms of technical aids.

That, pending the establishment of such a Centre, the Federal Government prepare and publish a directory of federal programs and activities of interest to disabled persons, as well as a catalogue of relevant research projects and studies.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

This recommendation was originally made by representatives of the City of Toronto, and in our view, is a most important resource.

The City of Toronto is disappointed that no progress has been made in the establishment of regional showrooms of technical aids, and urges the Federal Government to collaborate with us to establish one in Toronto.

Technical aids for disabled people tend to be rather expensive. When approached on this topic manufacturers contend that this is a direct result of small volume production. In the opinion of the City of Toronto, regional technical aid centres would provide access to a much larger population and would enable economics of scale to be introduced without expensive marketing programs. Regional aid centres would also introduce a stronger element of competition since performance and price comparisons would be readily made by the consumer.

RECOMMENDATION 62:

That the Federal Government adopt a policy which will ensure that the visually and print handicapped will have reasonable access to federal publications.

That, pending such a policy, the Federal Government initiate the following measures:

- Make available on cassette, in braille or large print, widely distributed publications such as the guide to federal income tax, guide to unemployment insurance, guide to the Canada/Quebec pension plans, and information on social service programs.

- Make available, where interest warrants, cassette copies of federal publications that have a more limited or specialized readership -- for example, reports or studies.

- Make available , upon request, cassette copies of selected publications distributed free of charge by the Department of Supply and Services to public libraries.

- Make available, upon request, cassette copies of selected Canadian books which are distributed free of charge by the Canada Council to libraries and other community institutions.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto is pleased that so much has been implemented.

RECOMMENDATION 63:

That the Federal Government instruct the Canadian Film Development Corporation that, beginning immediately, it will be required to provide, to the National Film Board, (NFB) for distribution to the deaf community, one captioned version, on video cassette if preferred, of each full-length feature film it finances.

That the Federal Government instruct all Departments, Agencies and Crown Corporations that, beginning immediately, they are to provide at least one captioned version of each film (English and French) which they produce to the NFB, for distribution to the deaf community.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto is pleased with progress to date, and urges implementation of the original recommendation.

RECOMMENDATION 64:

That the Federal Government instruct the Bank of Canada to announce, before the end of 1981, its intention to begin production of paper currency identifiable by blind or visually-impaired persons.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

We agree with the recommendation of the Special Committee, that the Bank of Canada continue to investigate methods of making paper currency identifiable to the visually-impaired person.

RECOMMENDATION 65:

That the Federal Government establish two advisory committees to advise Federal Departments, Agencies and Crown Corporations on matters of interest to visually and print-handicapped persons, and on matters of interest to hearing-impaired persons, to report to a designated minister other than the Minister of National Health and Welfare (see Recommendation 130).

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with this recommendation.

RECOMMENDATION 66:

That the Federal Government amend the National Housing Act to enable groups to develop more non-profit, cooperative and group homes for physically and mentally disabled persons -- including clusters of units in apartment buildings.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

Canada Mortgage and Housing Corporation is presently responding quite adequately to the needs of disabled persons in the area of non-profit, co-operative and group homes.

RECOMMENDATION 67:

That a percentage of new dwelling units constructed with federal funds or guaranteed by the Federal Government, be accessible to disabled persons as defined by standards to be developed by Canada Mortgage and Housing Corporation, and that these specially adapted units be integrated with regular housing units.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto concurs that in all new Federally funded housing developments, 5% of the units are being made accessible.

The City of Toronto recommends that instead of producing 5% special handicapped units, that all units be designed so that they are mobility accessible, and in the highly functional areas such as the kitchen and bathroom that they be developed with a great deal of flexibility, so that adaption can be made simply whenever needed. Housing needs cannot be established using fixed minimum requirements. The unit must be made flexible to reflect the changing needs of the user.

RECOMMENDATION 68:

That Canada Mortgage and Housing Corporation, in consultation with disabled persons and their organizations, continue to develop housing standards which take into account the various needs of disabled persons.

That the Federal Government request the National Research Council to include these new housing standards for disabled persons in the National Building Code.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

Housing standards are vitally important to ensure that a high level of consistency in the development of housing for the disabled persons is maintained. All of the steps that CMHC have taken in this direction are encouraging and positive. The City of Toronto looks forward to continued positive advancements.

RECOMMENDATION 69:

That, in the absence of provincial initiatives, Canada Mortgage and Housing Corporation (CHMC), through its regional offices, give higher priority to the provision of assistance and start-up funds to groups of disabled persons developing housing projects and to organizations providing housing for mentally handicapped persons.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto concurs with this recommendation. CMHC is to be commended for the steps already taken in this area.

RECOMMENDATION 70:

That the Residential Rehabilitation Assistance Program be amended to provide on a needs basis, grants, low or no interest loans to landlords, contractors, non-profit groups and individuals, who wish to renovate existing buildings, regardless of age or location, in order that they be more usable by disabled persons.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto concurs, but we feel it is essential that CMHC take an inventory of all of its existing accessible units, types and locations, so that a better grasp of needed changes can take place. The inventory should be published and available to the public.

RECOMMENDATION 71:

That the Federal Government negotiate with the Provinces to modify the cost-sharing agreements under the National Housing Act to give a higher priority to the provision of adequate rent subsidies to disabled persons.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the recommendation that more funds have to be made available and at a faster rate to prevent institutionalizing of persons who should be maintained in the community.

RECOMMENDATION 72:

That the Federal Government, through Canada Mortgage and Housing Corporation (CHMC), encourage new group homes, where practical or reasonable, to provide respite care services.

That, in view of the present trend towards deinstitutionalization, provincial and municipal authorities and community organizations be encouraged to adapt existing facilities, where practical, to provide respite care.

That provincial and municipal authorities and community organizations be encouraged to construct, where existing facilities are unsuitable or unavailable, hostel-type units to provide respite care on a temporary basis.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The Federal Government should make every effort to convince the Provinces that they must also share in the costs of providing new group homes.

RECOMMENDATION 73:

That the Federal Government encourage Canada Mortgage and Housing Corporation, the Provinces, and municipal authorities to streamline their mandatory regulations and administrative procedures to reduce the administrative burden for groups of disabled persons developing non-profit housing projects and for organizations providing non-profit housing for mentally handicapped persons.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

CITY OF TORONTO RESPONSE:

That CMHC should ensure that guidelines such as those mentioned be filtered beyond their regional offices to municipal levels.

RECOMMENDATION 74:

That the Federation of Canadian Municipalities be encouraged to demonstrate support for the International Year of Disabled Persons by drafting and circulating to its members, model by-laws and programs respecting:

- Group homes
- Curb cuts
- Parking
- Access to municipal buildings and facilities
- Recreational facilities
- Affirmative Action

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto concurs.

RECOMMENDATION 75:

That the Federal Government promote a more suitable and cost-effective alternative to institutionalization by introducing enabling legislation for cost-sharing with Provinces and municipalities the provision of comprehensive services to assist disabled persons to live and function independently in the community.

That the proposed legislation include the following features:

- Independent living services to be made available to disabled adults by non-profit organizations which are managed by disabled persons or their representatives.
- Family support services to be made available on a sliding fee scale to assist families with a disabled dependent.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto supports the recommendation.

RECOMMENDATION 76:

That the Federal Government, together with interested provincial governments, make a commitment in 1981 to assist in the funding and establishment of demonstration projects which would provide independent living services to disabled persons.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

SPECIAL COMMITTEE RESPONSE:

The Committee firmly believes that independent living is the preferred route to go in encouraging the integration of disabled persons. It is disappointing that some demonstration projects have not been approved, as these would provide tangible evidence of the many benefits of the independent living concept. The Committee therefore, reiterates its recommendation that the Federal Government consult with the provincial authorities to establish such projects as soon as possible.

CITY OF TORONTO RESPONSE:

The City of Toronto supports the Special Committee in expressing its disappointment that the Federal-Provincial consultation on costs does not include a category allowing for such demonstration projects.

RECOMMENDATION 77:

That the Parliamentary Complex be made accessible immediately to all disabled persons, both as visitors and employees.

That disabled persons and their organizations be consulted about the most appropriate ways to provide accessibility.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto applauds the Federal commitment.

RECOMMENDATION 78:

That the Federal Government ensure that all public buildings constructed, renovated, leased or funded by the Federal Government be required, as a condition of funding, to be accessible as defined by the standard of accessibility developed by the Department of Public Works.

That the Federal Government expand its review process, to ensure compliance with the standard of accessibility, by:

- Approval of plans governing access to new buildings and facilities or major renovations to existing buildings and facilities;
- Monitoring compliance with these plans;
- Monitoring renovations (retrofitting) of existing buildings and facilities.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto supports the Special Committee's requirement that a central directive must be clearly and forcefully given to ensure that all Federal space is accessible. We should also support the Special Committee's original recommendation that no Federal funds should be provided unless accessibility is guaranteed and proven.

RECOMMENDATION 79:

That the Federal Government ensure that its buildings and facilities be upgraded (retrofitted) before the end of 1983 to the standards of accessibility developed by the Department of Public Works, and that heritage properties be made accessible whenever possible.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto concurs.

RECOMMENDATION 80:

That disabled persons and their organizations be consulted on a continuing basis by Federal Government Departments, Agencies and Crown Corporations undertaking construction or renovation projects concerning the most appropriate ways to provide accessibility.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto concurs.

RECOMMENDATION 81:

That the National Building Code be revised in consultation with disabled persons and their organizations to include comprehensive standards of accessibility for disabled persons including deaf or hearing-impaired persons and blind or visually-impaired persons.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

RECOMMENDATION 82:

That the Federal Government reinstate a modified Winter Work Program to encourage Provinces and municipalities to make public buildings and facilities accessible to all.

That this Winter Work Program be financed out of current job creation and regional development budgets.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

RECOMMENDATION 83:

That the Federal Government direct the Minister of Transport to develop, in consultation with disabled persons and their organizations, and to publish a National Policy on Transportation for Disabled Persons, to provide reasonable access to all transportation modes under Federal jurisdiction. This policy should meet the objectives of standardizing tariffs, procedures, rules, regulations among transportation modes and lead to a greater rationalization of services, particularly between parallel and regular services.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

In developing a comprehensive transportation policy for disabled travellers, embracing a range of transportation modes, such a policy should ensure an appropriate systems and service interface.

Rationale: Many travellers require to change transit modes en-route to a destination and the responsibility and liability for ensuring a safe transfer between systems plus the provision of service staff etc. to effect a continuous trouble-free transfer, needs to be identified clearly and ensured under the policy framework.

RECOMMENDATION 84:

That, pending the adoption of a National Transportation Policy for Disabled Persons, the Federal Government, through the Department of Transport develop and implement a plan which will ensure that major transportation terminals (including air, rail and ferry) under its jurisdiction be reasonably accessible and, in particular, that all major terminals have accessible toilets, ticket counters, baggage lockers, restaurants, telephones, drinking fountains, audio and visual communication and information systems, elevators and ramps for movement between levels, and accessible parking areas.

That the Federal Government, through the Department of Transport, publish a schedule outlining its plan and schedule for achieving reasonable access to transportation terminals.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

In developing accessibility facilities in airport terminials, airports, bus stations etc. clear and uniform accessibility requirements and guidelines are required to ensure that any solutions generated are appropriate and consistent for all disabled users. Wheelchair mobility alone, is insufficient; other disability groups also require assistance eg. the frail elderly, the ambulatory impaired, the sensory impaired, the coordination impaired, etc....

- Solutions should therefore address signage problems, service problems (ticketing, baggage handling, etc.) lighting, sound systems, waiting areas etc....

- In all cases solutions should take specific note of transit vehicle and physical facility interface - since too frequently the route through the facility is made physically accessible, but boarding or de-boarding is still not possible without service assistance.

- In addition, notice of intention to use the transit system(s) is required, reducing the spontaneity or the regular daily use of public systems, except through prior arrangement.

- Work currently underway is not well coordinated across the country due to varying jurisdictions eg. VIA Rail - to be accessible, must seek compliance and/or compromise with CN and

CP, since VIA leases rather than owns most of the facilities which it uses.

RECOMMENDATION 85:

That the Federal Government ensure that all passenger transport equipment purchased or retrofitted with Federal funds be required, as a condition of funding, to be reasonably accessible to disabled persons.

GOVENRMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

Since no consistent guidelines exist, solutions tend to be "one-off" types and may therefore not be repeatable in similar settings. The City of Toronto supports the need for National guidelines.

Political preferences, tend to support solutions in highly visible, sensitive areas and/or locations, these are not necessarily related to or rationalized by, use and demand statistics. In an attempt to be fair - (regionally) solutions may be implemented in under-utilized settings, whereas the solutions which are critical, in terms of numbers served, tend to receive the same or as little attention eg. heavy communter rail and air traffic in Toronto and Montreal should receive a higher priority and pro-rated support, over smaller settings at a distance from high urban concentration.

RECOMMENDATION 86:

That the Federal Government request the Canadian Transport Commission to require the Roadcruiser bus service in Newfoundland to provide a mechanical facility or a service for lifting people in wheelchairs on and off the vehicles.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

RECOMMENDATION 87:

That the Federal Government direct the Department of National Revenue to exempt the purchase of accessible intercity buses from the Federal sales tax to encourage the development of an accessible intercity bus service across Canada.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

RECOMMENDATION 88:

(A) That the Federal Government, through the Minister of Transport require that air carriers adopt a policy of accepting the disabled traveller's estimate of his/her self-reliance, without medical certificates or waivers of disability.

(B) That, where necessary, boarding assistance be provided by carriers.

(C) That where an attendant is required to care for the personal needs of a disabled traveller, that attendant will travel free.

(D) That where more than one seat is required for the tranport of a disabled person for various reasons arising from his/her disability, only one fare will be charged for that traveller.

GOVERNMENT OF CANADA COMMITMENT

(A) Implemented

(B) Implemented

(C) Implemented

(D) Committed

RECOMMENDATION 89:

That the Federal Government request the Canadian Transport Commission (CTC) to require air carriers to have available at airports, a few wheelchairs and batteries, to be loaned to disabled passengers in case of loss or severe damage, and to require air carriers to reimburse, at replacment cost rather than purchase price, owners of lost or severely damaged wheelchairs.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

In order to minimize handling of disabled passenger wheelchairs, and to provide them individually with their own chair for as long as possible while en-planning and deplanning, it is important that all carriers develop a policy of allowing passengers to use their own chair on all routes through the terminal and to and from the plane itself. Not only would this minimize damage, it would also reduce the risk of wrong or delayed routing. The wheelchair passenger is the most informed person regarding his/her wheelchair and could therefore provide all necessary storing information regarding the chair, the accessories and the battery where necessary.

- Since most wheelchairs are adapted to specific users, replacement is neither simple nor inexpensive.

- Wheelchairs should however be available at all airports for the occasional problem/loss, but is more crucial for accident victims, the elderly or others who do not usually use a wheelchair but require one in such situations where they cannot move independently or without undue strain and fatigue, and where the carrier is accountable for the safe transfer of handicapped or disabled passengers.

RECOMMENDATION 90:

That, where the Federal Government has jurisdiction over parking, such as at some transportation terminals, national parks or at federally-owned public buildings, a uniform national policy be developed which will ensure reserved parking facilities for disabled drivers and passengers close to entrances with proper signage and clearly-defined penalties for infraction.

That a national system be developed for identifying vehicles driven by disabled drivers so that unauthorized vehicles can be ticketed.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

There is still inconsistent application regarding the allocation of appropriately sized and located parking spaces, with ensured mobility access to the points of arrival and departure. Further, signage systems frequently advise of available parking, but in fact such spaces are freely used by other drivers. It would be desirable if such designated parking spaces could be monitored for appropriate use on Federal property (eg. Airport parking) eg. by the RCMP or designated others.

- Municipal parking lots are also inconsistent in the handling of similar problems, and the responsibility for monitoring difficult to achieve, especially on privately owned property.

- The use of decals on vehicles owned or consistently used by disabled passengers and drivers is recommended to assist in the monitoring process and to ensure appropriate availability.

- Of specific concern, is short-term parking in areas where 'no parking' is generally designated ie. to allow disabled travellers etc. to dismount/board as close to the building or facility (service) entry as possible.

RECOMMENDATION 91:

That the Federal Government negotiate with the Provinces a cost-sharing agreement to establish a fund similar to the Student Loan Program to assist disabled drivers in the retrofitting of personal vehicles. The fund should be a finite sum of money set aside specifically for this purpose.

GOVERNMENT OF CANADA COMMITMENT

Under Consideration

CITY OF TORONTO RESPONSE:

Unless a consistent national policy is developed around car adaptions and appropriate Federal funding set aside, solutions will be 'one-off', whereas a larger national framework program would ensure that Canadian car manufacturers would develop standardized and interchangeable components for use on any or all Canadian manufactured/assembled cars. In our opinion, therefore, access through Provincial sources will not provide the overall improvement required and the time and effort necessary to seek individual solutions is unwarranted, when the technology for such changes is already well developed eg. hand controls vs. foot controls, seat adaptions, tie-down devices for wheelchairs etc.... Further, the allocation of funds, support and information through Vocational Rehabilitation Services etc. has frequently proved to be discriminatory, since eligibility criteria have to be satisfied. A number of potentially independent drivers are therefore excluded.

RECOMMENDATION 92:

That, in the event that any future initiatives or expansion of the Urban Transportation Assistance Program (UTAP) is undertaken, the Federal Government instruct the Minister of Transport to direct a specified portion of the funds to the transportation needs of disabled persons.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

- Given the framework of the Federal Human Rights legislation, it should be mandatory, that wherever Federal funds are made available for transportation services and/or facilities, that such services and facilities be accessible to and usable by disabled persons. Any alternative to this could be considered discriminatory and could result in class action suits against services, facilities, etc.

- Since one of the major objectives is 'integration' all systems, facilities and services should be consistent and compatible to allow reasonable transfer, movement/access between systems, services and facilities.

RECOMMENDATION 93:

That Federal Government Departments and Agencies such as Parks Canada, National Museums of Canada, National Government Office of Tourism, and the National Capital Commission, which provide or promote leisure activities, give high priority to making their services and programs available to disabled persons.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

Every effort should be made to provide more and better recreation programs for disabled persons. However, it is imperative that disabled persons or organizations representing the views of disabled persons be involved in determining the need for such programs and have input into the nature and scope of the recreation programs planned. Often the "professional" plans programmes for this particular group and fails to have the users actively involved in the planning and implementation of such programs. In order that suitable programs, which meet the recreational needs of the target group or groups, are developed those who will actually be participating in the programs must be involved throughout the entire process.

With respect to having public facilities accessible to disabled persons, this should be of prime concern. The City of Toronto adopted a policy in 1975 which stated in part that "all new buildings be designed and built to accommodate the wheelchair user and that all existing buildings serving the public...be modified as quickly as possible to accommodate the handicapped." Since that policy was adopted, numerous new facilities have been built which are totally accessible to disabled persons and a number of existing facilities have been renovated to make them accessible. It is the opinion of this group that the Federal Government should adopt a similar policy with respect to its buildings.

RECOMMENDATION 94:

That steps be taken to encourage the integration of disabled persons into sports governing bodies where appropriate, along the lines recommended by the national symposium on Sport Integration for the Physically Disabled held in September 1979.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

Every effort should be made to integrate disabled persons into existing sports activities. However, recognition should also be given to the special needs of disabled athletes and organizations which are able to advocate on their behalf should be maintained. Certainly, all sports organizations for the able-bodied should be providing services to the disabled sport organizations. Every effort should be made to make the able-bodied sports organizations aware of the abilities of disabled athletes and as well they should be made aware of the special needs of this particular group.

RECOMMENDATION 95:

That provincial ministries of education be encouraged to develop, for use in teacher training programs, course material and teachings aids about physical and mental disability.

GOVERNMENT OF CANADA COMMITMENT:

No Jurisdiction

CITY OF TORONTO RESPONSE:

Although the Federal Government has no direct jurisdiction over teacher training courses it provides financial and technical support as mentioned in the report and therefore has influence in these areas. As Ontario is moving towards a system of integrating disabled students into the mainstream educational institutions, we believe that it is crucial that this recommendation be implemented.

RECOMMENDATION 96:

That professional schools and faculties be encouraged to include course material about disability, particularly learning disability and mental illness.

GOVERNMENT OF CANADA COMMITMENT:

No Jurisdiction

CITY OF TORONTO RESPONSE:

The City of Toronto agrees that a new and stronger thrust must be made to the Provincial Governments.

RECOMMENDATION 97:

That the Federal Government direct the Department of Secretary of State to encourage the Canadian Council of Deafness and its affiliates to initiate the establishment of an accredited sign language department at an English-speaking and French-speaking university which would:

- Recognize that sign language is a distinct language and assist the development of curriculum and standards for credit courses to be taken by hearing persons similar to other language courses.
- Provide sign interpreters for a variety of courses which will enable deaf students to follow regular courses.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The Government is to be congratulated on its $30,000 grant which has enabled the establishment of a sign language studies program at the University of Ottawa. It is hoped that this program will be expanded to other Universities, and we suggest that deaf individuals be allowed to gain credit from these courses as we cannot assume that all deaf people use, or are proficient in, sign language.

RECOMMENDATION 98:

That the Federal Government negotiate a cost-sharing agreement with the Provinces to provide a comprehensive range of aids; designed or modified to compensate for the effects of a disability, or to enable an individual to live as independently as possible in the community and that:

- These aids and devices should be provided by the Provinces, preferably as part of their insured health services, to disabled persons who need them;
- Expensive aids and devices, including those for visually and hearing impaired persons, should be provided to disabled persons who need them on a loan basis and remain the property of the Provinces, which will also be responsible for their maintenance.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

There are three steps that are necessary in order to have a service to provide aids.

1) An information system that provides health care workers and the public with data on available products and services.

2) Sufficient providers with adequate levels of training to facilitate appropriate choices of hardware and adapt or manufacture devices.

3) Money to buy the aids.

The task force report only really deals with the third of these issues and the Special Committee appears to express some disappointment that the government is not pressing the provinces firmly enough to take some initiative in this area as a condition of federal funding for provincial health programs. The City of Toronto supports this need to press for action in this area.

There are other things that can be done by the federal government to help with the other two aspects of this problem. Some initiative could be taken by the federal government to explore the setting up of a federal information system on technical aids. There is a need to support training of rehabilitation personnel in the technical aids field more vigorously at the federal level; for example appropriate implementation of the National Training Act (Bill C-115) to support training programs in these areas.

RECOMMENDATION 99:

That the Federal Government encourage the Canadian Standards Association (CSA) to continue its work in producing standards for aids and devices which are manufactured in Canada or which are imported for the use of the physically disabled.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

Good progress is being made in this area. The following standards are already underway.

1. Lifting devices (published)

2. Prosthetic and orthotics terminology (at the publishers)

3. Electrical Aids (at the publishers)

4. Wheelchairs (preliminary standard)

5. Adaptive devices for automobiles (preliminary) (consider adopting VA standards).

The Canadian Standards Association has been encouraged to become more extensively involved in the rehabilitation engineering field and funds appear to have been made available. The CSA is now playing a leading role in this field. This clearly represents a positive outcome from the Obstacles report.

RECOMMENDATION 100:

That the Federal Government direct the Department of the Secretary of State through its Citizen's Participation Directorate to give a higher priority to the provision of technical assistance, and core funding, to organizations of disabled persons.

That the Federal Government direct the Department of the Secretary of State to explore the role to be played by the National Voluntary Organization (NVO) to enable disabled persons to participate more fully in all aspects of Canadian life.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto applauds the implementation.

RECOMMENDATION 101:

That the Federal Government adopt a policy which will ensure that disabled persons and their organizations will be consulted on all significant initiatives within federal jurisdiction which affect disabled persons.

That Federal Departments and Agencies be encouraged to cover basic expenses of consultation with disabled persons and their organizations, and, where appropriate, enter into contracts with disabled persons who can act as consultants or advisors.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto feels that those persons with a vested interest in the outcome of a Federal initiative should be consulted.

RECOMMENDATION 102:

That the Federal Government through the Department of National Health and Welfare, in cooperation with the Provinces, consumer groups, professional associations and voluntary organizations, develop guidelines for standards of care in long-term institutional settings.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

Generally, the Special Committee was satisfied with the response from Health and Welfare and the City of Toronto supports establishing appropriate standards of care for long-term institutional settings.

RECOMMENDATION 103:

That the Federal Government, in cooperation with the Provinces, initiate in 1981, a study to be completed within one year to establish the cost effectiveness of de-institutionalization and, to this end, determine:

- The present cost of providing institutional care to disabled persons.
- The number and percentage of disabled persons who are currently in institutions and who, with varying levels of community support services and adequate housing, could live in the community.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The commitment of $300,000.00 for developing a research plan in response to this recommendation is laudatory.

RECOMMENDATION 104:

That the Federal Government direct the Minister responsible for Government Communications to develop and implement an advertising policy which will ensure that disabled persons and their concerns are adequately included in Federal advertising.

That an advisory committee of disabled persons and representatives of the advertising sector be established for this purpose.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

SPECIAL COMMITTEE'S RESPONSE:

Changing attitudes about disabled persons was identified as an important on-going activity throughout the Committee's public hearings in 1980. During 1981, some private companies began to use disabled persons in advertising. The Committee saw this as a welcome sign of changing attitudes in the private sector, and it applauds the Federal Government advertising policy which includes reference to the inclusion of disabled persons.

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee.

RECOMMENDATION 105:

That the Federal Government request the Canadian Human Rights Commission, in consultation with disabled persons and their organizations, to develop and publish a guide on the use of appropriate terminology when referring to disabled persons, and that the Federal Government direct Departments and Agencies to systematically review the use of terms relating to disabled persons and to eliminate the use of terms with a negative or demeaning connotation.

GOVERNMENT OF CANADA COMMITMENT:

Committed

SPECIAL COMMITTEE'S RESPONSE:

The Committee applauds the Canadian Human Rights Commission for undertaking this project and it is pleased that consultation with disabled consumers is part of the project.

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee.

RECOMMENDATION 106:

That the Federal Government direct the appropriate Departments and Agencies to undertake promotional campaigns in areas such as employment, transportation, access and housing in order to stimulate awareness and encourage positive attitudes.

GOVERNMENT OF CANADA COMMITMENT:

Committed

SPECIAL COMMITTEE'S RESPONSE:

The Committee applauds CRC, Health and Welfare, and Employment and Immigration for their highly successful ad campaign, a campaign which has been well received both in Canada and in other countries as an example of a way to change attitudes. The Committee encourages other departments to take steps to undertake similar campaigns.

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee.

RECOMMENDATION 107:

That the Federal Government direct the Department of the Post Office to produce a stamp or stamps to commemorate 1981 the International Year of Disabled Persons.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the Special Committee. It appears to us that the attitude of the Post Office has not changed at all, and we regret that Canada was not one of the 75 countries who understood the significance of a stamp.

RECOMMENDATION 108:

That the Federal Government request the Department of National Health and Welfare to develop, in conjunction with the Provinces and appropriate organizations, a national policy on the prevention of disability based on the directions set out in "A New Perspective on the Health of Canadians" and that such a policy would include strategies for action in the following areas:

- Reduction of the incidence of birth-related disabilities through promotion of high standards of pre-natal, peri-natal and post-natal care.
- Reduction of the incidence of, or, where possible, the eradication of communicable diseases.
- Promotion of safe and healthy work environments.
- Promotion of lifestyles that enhance physical and mental well-being with particular emphasis on stress management, on the effects of drinking, on safe driving, and on the safety aspects of sport and recreational activities.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

A national policy on prevention of disabilities should not be isolated from the greater issue of developing a national policy on all facets of disabilities. However, preventing is the first component in a multifaceted approach.

Because many of the approaches to prevention (creating an awareness, promoting a preventive concept, educating and advocating) are generalizable to the Country generally, the City of Toronto requests that the preventive policy include the development of promotion, education and advocacy materials, and strategies, and that this material be made available to any Municipality upon request.

The concept of prevention is a cornerstone of the new City of Toronto public health philosophy as it appears in Public Health in the 1980's (a City of Toronto policy document). As an indication of the importance of the preventive concept the City is prepared to provide resources, on a sharing basis, with the Federal Government to assist in the development of long term preventive strategies and prevention resource materials.

RECOMMENDATION 109:

That the Federal Government direct the relevant Departments and Agencies to give a higher priority to research and development in areas of particular interest to disabled persons and the prevention of disability.

That it direct the National Research Council to establish an Inter-departmental Disability Coordinating Committee which would set priorities and coordinate activities in this area of research and development. This Committee should ensure that ongoing research in other areas take into account the needs of disabled persons, and

That the Federal Government direct the Department of Transport to give a higher priority to the development of:

- An accessible interprovincial bus,
- Lifting devices for railway passengers,
- A curb-climbing motorized wheelchair,
- Narrow wheelchair to be used on planes or buses,
- Spill-free wet cell battery.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with Recommendation 109 and requests the Federal Government make every effort to meet this recommendation.

RECOMMENDATION 110:

That the Federal Government establish research chairs and fellowships at universities and appropriate rehabilitation institutes or centres to stimulate research in the field of rehabilitation.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto appreciates the new efforts by the Federal Government to generate new resources for research of benefit to the handicapped. As a continuation of this effort the City requests the Federal Government continue to use its significant influence to persuade other Government and non-Government agencies to increase their involvement in this area of research. To attract researchers into this area the Federal Government should develop, as part of its long-term policies, a long-term proposition that resources will be available to fund the young researcher and fund acceptable research. Only through the guarantee of funding over a long-term can one presume to attract and hold excellent researchers. Emphasis should be placed on preventive methodologies, disability reversals and maintenance of lifestyle.

The problem in research is a lack of continuity in funding and career development for rehabilitation engineers working in research in this field. The present project-based funding does not enable competent research teams to be developed and held together. A different approach is required to the funding of rehabilitation engineering research and development teams. This should not eliminate access to project-based funding but should provide the infrastructure that is necessary to enable this field to compete with other areas of science for funding from peer reviewed sources.

RECOMMENDATION 111:

That the Federal Government Fund, or assist in funding, in cooperation with interest Provinces and voluntary organizations, specialized treatment and research centres which would concentrate on certain disability groups such as the deaf-blind, deaf persons who are mentally ill, autistic persons, and those with cancer of the larynx.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto looks forward to the Federal Government's initiative necessary to implement this recommendation.

RECOMMENDATION 112:

That the Federal Government pursue its study of the health workforce requirements in the area of medical rehabilitation and take steps, in cooperation with the Provinces, to correct any shortcomings.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with the recommendation and trusts the Federal Government will take appropriate steps for implementation.

RECOMMENDATION 113:

That the Federal Government direct Statistics Canada to give a high priority to the development and implementation of long-term strategy which will generate comprehensive data on disabled persons in Canada, using population-based surveys and program data.

That, as part of this long-term plan, the following steps be initiated:

- A national conference be convened in 1981, if possible, to review the data needs in this area and to identify appropriate measures for inclusion in a long-term plan;
- A commitment to include in the 1986 Census, questions on disability, and a suitable follow-up questionnaire to generate data on disabled persons in Canada;
- Inclusion of appropriate questions in the Canadian Labour Force Survey, the Consumer Finance Survey and other major population-based surveys, to provide additional data on the socio-economic conditions of disabled persons in Canada.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto applauds the commitment.

RECOMMENDATION 114:

That the Federal Government direct the Department of Indian Affairs and Northern Development to provide financial and technical assistance for the establishment of a national advisory body on community services affecting disabled Indian people, similar in concept and format to the National Commission Inquiry on Indian Health.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with this recommendation.

RECOMMENDATION 115:

That the Federal Government expand the role of Friendship Centres to include an urban-based referral program providing liaison and assistance to migrant Natives who are disabled.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

This is an important recommendation that recognises the need for community-based, rather than institution-based networks for social development and integration.

Within the City this need is apparent and it has also been underlined by the recent Provincial Task Force on native peoples in the urban setting.

It is somewhat shocking that this is not implemented.

RECOMMENDATION 116:

That the Federal Government determine the feasibility of transferring Indian Health Services from the Department of National Health and Welfare to the Department of Indian Affairs and Northern Development, and determine the direct and indirect advantages of such a transfer to the Indian and Inuit people who are disabled.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The "one agency" concept is usually sound in order to provide a co-ordinated approach. However, it should be noted that if one Department gives up responsibility for activities towards a particular target group, one usually finds that they stop thinking about it.

It may well be more useful to require all Departments to include activities relating to Native peoples.

Perhaps the feasibility study should include a review of Departments' responsibilities towards Native Peoples and the implications of such transfer, rather than the transfer itself.

RECOMMENDATION 117:

That the Federal Government direct the Department of Indian Affairs and Northern Development to undertake community-based surveys to supplement program data presently available regarding the extent and nature of problems facing disabled Indian and Inuit peoples.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

Although the commitment is appropriate, the comments of the Committee are crucial. The major issue involved in any social change type program is its relevance to the particular group(s) that is affected. Again, there is a built-in bias within institutions and within research methodology that have propagated and blinded many researchers to the points of view of the "objects of study".

This has been one of the key issues identified in cross-cultural studies around the world.

The Committee is absolutely right to insist upon consulting with the Native groups about how to collect data. It would also seem appropriate that the consultation should include what data should be collected.

RECOMMENDATION 118:

That the Federal Government direct the Department of Indian Affairs and Northern Development, and the Department of National Health and Welfare to expand Native career development plans in order to attract Native people to the health professions and, in particular, to the fields of health education and promotion.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

If in fact morbidity is a major issue within the Native population, everyone should be bending over backwards to implement this recommendation. This is important not only because it addresses the issue of health, but, it also provides a strategy for responding to the Native population's requirements.

The Special Committee is right to insist upon evidence of "action".

RECOMMENDATION 119:

That the Federal Government, in cooperation with Native organizations, give a higher priority to the provision of orientation programs for public servants involved in the delivery of services affecting Native persons.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

This recommendation reinforces Recommendation 115 regarding the establishment of Friendship Centres. How can this item be even under consideration when the Recommendation upon which it is based is "not implemented".

It is important to emphasize the involvement of the communities in the development of orientation packages and the Committee's comments on this ought to be supported.

RECOMMENDATION 120:

That the Federal Government instruct the Department of the Secretary of State through its Native Program to facilitate research and liaison through a special office relating to the needs of disabled Native people.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

RECOMMENDATION 121:

That the Federal Government appoint a representative of Native peoples to the Canadian Organizing Committee for the International Year of Disabled Persons.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

RECOMMENDATION 122:

That the Federal Government direct the Department of Indian Affairs and Northern Development, and the Department of National Health and Welfare, to substantially increase their financial support for the National Native Alcohol Abuse Program and to ensure that the evaluation mechanism for the program involves members of those communities for which the program is intended.

GOVERNMENT OF CANADA COMMITMENT:

Implemented

RECOMMENDATION 123:

That the Federal Government direct the Department of Indian Affairs and Northern Development, and the Department of National Health and Welfare in consultation with the Provinces and Status Indians and their associations, to develop a suitable mechanism to ensure that disabled Status Indians have access to a full range of rehabilitation services.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

RECOMMENDATION 124:

That the Federal Government continue to play a lead role in the International Year of Disabled Persons (IYDP) activities at the United Nations, and with UN Agencies, and, in particular, in the development of a long-term plan of action as a follow-up to the International Year.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with this recommendation.

RECOMMENDATION 125:

That the Federal Government instruct the Canadian International Development Agency (CIDA) to allocate a greater proportion of its current budget in developing countries for the following purposes:

- Projects for improvement of the water supply as a measure to reduce the incidence of disabling conditions as Canada's participation in the 1981-1990 International Water Supply and Sanitation Decade;

- Programs for immunization and other means of preventing disabling conditions;

- Community services for disabled persons which foster integration into the community;

- Establishment of prosthetic and orthotic services in countries lacking such services;

- Support for the organization and activities of consumer groups at the local, regional, national and international level;

- Establishment of an interchange of professionals in the field of rehabilitation.

That the Federal Government instruct CIDA to adopt a policy requiring the application of minimum Canadian standards for accessibility to buildings or facilities funded by that body, where feasible.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with this recommendation.

RECOMMENDATION 126:

That the Federal Government instruct the Department of External Affairs to accelerate the implementation wherever feasible of the same policy for accessibility to buildings and facilities outside the country as Federal Government Departments and Agencies are required to implement in Canada.

That the Federal Government instruct the Department of External Affairs to promote the use of reasonable standards of accessibility to buildings or facilities owned, leased or funded by the United Nations and its Agencies.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto applauds the Federal commitment.

RECOMMENDATION 127:

That the Federal Government instruct the relevant Departments, Agencies and Crown Corporations to give a higher priority in the allocation of their existing resources to the measures proposed in this Report to meet the needs of disabled persons.

That the Federal Government instruct the relevant Departments, Agencies and Crown Corporations to take immediate action to implement the recommendations relating to employment, housing, transportation and communications and to finance these out of existing resource levels.

GOVERNMENT OF CANADA COMMITMENT:

Committed

CITY OF TORONTO RESPONSE:

The City of Toronto applauds the Federal commitment.

RECOMMENDATION 128:

Note: This recommendation is a summary of several actions proposed in previous recommendations.

That the Federal Government immediately begin negotiations with the Provinces to permit the establishment of the Comprehensive Disability Benefits Program proposed in Recommendation 39, so that this program may be implemented as soon as possible.

That the Federal Government act quickly to negotiate with the provinces cost-sharing agreements necessary for:

- The replacement of the Vocational Rehabilitation for Disabled Persons Act with new legislation (Recommendation 37).
- The development of new legislation to provide independent living services (Recommendation 75).
- The provision of aids and devices (Recommendation 98).

That, in order to ensure control over Federal expenditures in these cost-shared areas, a ceiling or limit should be imposed. This ceiling or limit should be idexed and adjusted from time to time in light of experience and economic conditions.

That the amounts allocated for these cost-shared programs should be pro-rated in each Province in line with some indicator of social need, e.g. number of unemployment insurance recipients or social assistance recipients.

GOVERNMENT OF CANADA COMMITMENT:

Under Consideration

CITY OF TORONTO RESPONSE:

The City of Toronto agrees with this recommendation.

RECOMMENDATION 129:

That the Federal Government establish a review procedure at Cabinet level (similar to that which is in place with reference to the Status of Women) which will ensure that ongoing consideration is given to the concerns of disabled persons.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

One of the major difficulties experienced by any public task force is the implementation and follow-up of recommendations. All of the policy directions are wonderful, but none mean anything unless there exists an implementation strategy.

Perhaps the Special Committee could request funds to prepare their own implementation studies. Each of the recommendations should not only have their own policy directives, but it is important to identify and prepare an implementation report.

These implementation reports would include the following:

What resources are required?

Who ought to be responsible? (i.e. which departments, divisions, etc.)

Short-term implementation

Long-term implementation

Structure for reviewing the progress of implementation

There should always exist a public policy body to monitor any administrative machinery which is established.

The Special Committee may wish to take advantage of a group of management consultants in Ottawa who know the government . Their time is frequently bought by other departments to work out more effective methods of operating. Perhaps the Special Committee should consider asking some of the internal staff people who know the structure for their assistance in preparing the most effective implementation strategies.

RECOMMENDATION 130:

That a Minister of State on the Status of Disabled Persons be designated and that such a Minister be attached to a major Department other than the Department of National Health and Welfare.

GOVERNMENT OF CANADA COMMITMENT:

Not Implemented

CITY OF TORONTO RESPONSE:

The City of Toronto concurs with this recommendation.

POOR

QUALITY

ORIGINAL